European Foundation for the Improvement of Living and Working Conditions

Employment in social care in Europe

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Foreword

A key concern of the European Union is its ageing population and identifying who should care for elderly and dependent people in the future.

Against this background, the Foundation has conducted research into the question of how labour supply in the care services sector can be improved in order to meet the increasing demand for services. The focus is on care services for people who, due to health or similar problems, cannot perform daily activities.

The research was divided into two phases. Phase one of the project covered six of the EU15 Member States (Finland, France, Germany, Greece, Italy and the UK). Phase two covered five of the new Member States (the Czech Republic, Hungary, Lithuania, Poland and Slovenia) and the acceding countries (Bulgaria and Romania).

This consolidated report combines both phases and brings new information about the specific challenges facing the new Member States to the forefront of the European debate.

The report outlines good practice initiatives at national level. It points to the need for improving the number and quality of care workers, for example, by raising the qualification profile of care workers, attracting more migrants to the profession and improving gender and age balance. It also highlights the importance of improving working conditions and enhancing the work–life balance of people with care responsibilities.

It is the Foundation's intention to actively debate the findings of this report and to make recommendations to the relevant policymakers at national and EU level, as well as to non-government organisations (NGOs) and practitioners in the sector.

Jorma Karppinen
Director

Willy Buschak
Deputy Director

Contents

Country codes

EU25

AT	Austria
BE	Belgium
CZ	Czech Republic
CY	Cyprus
DK	Denmark
EE	Estonia
FI	Finland
FR	France
DE	Germany
EL	Greece
HU	Hungary
IE	Ireland
IT	Italy
LV	Latvia
LT	Lithuania
LU	Luxembourg
MT	Malta
NL	Netherlands
PL	Poland
PT	Portugal
SK	Slovakia
SI	Slovenia
ES	Spain
SE	Sweden
UK	United Kingdom

CC3

BG	Bulgaria
RO	Romania
TR	Turkey

EU15

AT	Austria
BE	Belgium
DK	Denmark
FI	Finland
FR	France
DE	Germany
EL	Greece
IE	Ireland
IT	Italy
LU	Luxembourg
NL	Netherlands
PT	Portugal
ES	Spain
SE	Sweden
UK	United Kingdom

Overview of the research 1

Objectives of the research project

The European Foundation for the Improvement of Living and Working Conditions ('the Foundation') launched the project, 'Labour supply in care services', against a background of increasing concern about the supply of care workers to meet current demands and future needs, particularly in the context of an ageing population and ageing workforce. The focus of interest is on possible ways of increasing the number and quality of care workers for people who, due to health or similar problems, cannot perform all daily activities on their own.

Potential labour pools for the anticipated increase in demand and the working conditions of care workers are matters for European Union (EU) policymaking in different areas; however, the issue is ultimately an interdisciplinary one. The Lisbon Strategy, and in particular the implementation of the European Employment Strategy on employability and lifelong learning, are relevant EU policy areas; however, they do not pay particular attention in this regard to the care sector and the ageing society. Equal-opportunity measures and policies are important since the workforce in this sector is predominantly female and work segregation has numerous adverse effects on employment opportunities. At the EU level, social protection policies are usually handled with the recipient of care in mind, rather than the person who supplies the care. This research, therefore, makes a unique contribution to the debate on ageing society and its effect on the social care provision system in different Member States. It could also be used to identify new policy areas where the European Social Fund could make an important contribution to achieving social policy goals.

For some years, the Foundation has been researching social services, particularly in light of the challenge of an ageing society. Working conditions in the social sector were regularly explored through the *European Working Conditions Surveys*, 1991–2005. In 2002, at the 'Care workers: matching supply and demand' conference (see Gore and Yeandle, 2003), issues concerning job creation were explored: the contrast between the high social value of care services and their low monetary reward; the complexity of training and qualifications in the sector; and the increasingly close ties between regulation and the financing of organisations providing care. Evidence from cross-country research into household services (Cancedda, 2001) shows how Member States have developed a variety of policy innovations to support working families' caring obligations. The cross-country case study was thought to give some insight into the implementation and practice of different policies in a field of interrelated and interwoven issues.

Against this background of policy developments at EU level, information has been gathered from a total of 13 countries: six of the EU15 Member States – Finland, France, Germany, Greece, Italy and the United Kingdom (UK); five of the 10 new Member States (NMS) – the Czech Republic, Hungary, Lithuania, Poland and Slovenia; and the two acceding countries – Bulgaria and Romania.

Information was gathered in the form of national reports. This information provided the backbone for a conceptual framework for analysis of labour supply measures. Individual case studies were examined to illustrate emerging problems and measures to respond to them.

The main objectives of the research were: to examine current and projected labour supply issues in the care sector; to document measures to improve the quantity and quality of workers in the care sector; to consider the scale and scope of worker mobility between domestic and residential care, between institutions for special client groups and between countries. Innovative measures are all

the more important in this sector, since public financial resources are drying up as public support for an expensive welfare state declines, while governments have to comply with the ever-increasing demand for social services. Based on this conceptual framework, the researchers aimed at identifying and assessing good practice for increasing the supply of care workers.

Figure 1 Countries participating in the research

Note: A list of country codes may be found on p. viii.

Methodology

The purpose of the research was to to document and evaluate the current situation, and to investigate possible future trends and make recommendations to national and EU level policymakers. The Foundation launched the project in 2003; at that time, the research covered six of the EU15 Member States: Finland, France, Germany, Greece, Italy and the UK. The coordinator of the project's first phase was Newidiem Associates, UK. The conceptual framework for analysis of labour supply measures and a thorough literature review were also prepared at the time.

In 2004, the project was extended to take into account the enlargement of the EU. Therefore, a second phase of the project was initiated, coordinated by the Family, Child, Youth Association Hungary. Information was gathered in five of the ten new Member States and in the two acceding countries, Bulgaria and Romania. In every country studied, a national researcher or research team gathered information on good practices. The advantage of using a multinational research team was that the team was provided with in-depth information on every country participating in the

research. The national reports have two main elements: first, a review of the status of the national care sector, with special attention to care workers; second, the inclusion of case studies, which provide examples of good practice in each country.

National reports

The focus of the research was on the supply of labour in the shape of formal employment. It dealt less with the overall structure of care provision and more with the potential for formalising existing care arrangements and creating favourable conditions for formal employment creation. However, it was important to position formal care in connection with informal/unregulated/undeclared work, as one of the aims of the research was to describe and understand how different types of informal care jobs are being formalised.

Therefore, the national reports provide a brief overview of the size, structure and workforce demographics of the national care sector. This includes a consideration of the division of the national care sector into the different providers of care – public, private, voluntary, non-profit, and informal providers. The national reports also examine:

- the role of central, regional and local government;
- profiles of different care workers;
- current and future care needs of the population;
- the levels of demand and supply in the workforce;
- skills gaps and shortages;
- the image and status of the care sector, and career development opportunities.[1]

Case studies

Each national report includes a number of case studies. Some case studies were selected to illustrate large-scale activities that involved a high proportion of the care workforce; others illustrate more innovative, grassroots approaches to improving the supply of care workers. National researchers were granted substantial freedom in selecting the case studies, as their country-specific knowledge and experience was widely recognised. However, during project meetings, the research team debated the appropriateness of each case study. Researchers are aware that the selected case studies cannot explain policy development in a given country, but believe that they have chosen examples that could be relevant to other countries. The examples are particularly interesting in the way that they explore different financial and regulatory developments, new institutional arrangements for delivery, and efforts aimed at better geographical or service coverage. The case studies include a review of relevant policies, expenditure and management of activities and programmes. In addition, they evaluate the quality and contribution of a range of activities, programmes and organisations. Typically, the analysis of the cases includes an examination of the inputs and processes in relation to the outputs and outcomes. Examples of these case studies are included in Chapter 3.

Consolidated report

This consolidated report aims to summarise policy developments in the Member States, stemming from the national policy contexts provided by each researcher. From more than 70 case studies

[1] National reports are available on request from the Foundation.

selected, the researchers were able to draw common threads, similarities and emerging trends in relation to how different countries deal with problems of labour supply in the care sector. Important issues were also raised at a meeting where researchers from the two phases could discuss policy implications and advise on recommendations for policymakers. The final report has been written on a thematic basis. These structured contributions allowed common themes from the national reports to be drawn out and more coherently synthesised.

The consolidated report is divided into five chapters. Chapter 1 gives the background to the research – outlining the aims and results of the project – and presents the methodology used. Chapter 2 explores current difficulties in Europe's care sector, in terms of key issues such as supply and demand, quality, mobility, undeclared work, funding and working conditions. It describes the broader developments affecting the care sector, such as Europe's ageing population, demographic and societal changes and globalisation. The chapter also outlines the policy background of care services in the EU and evaluates key issues affecting the quality and quantity of labour supply in care services. Moreover, it identifies the drivers of change and how national policy has responded to the key challenges for the care sector workforce.

Chapter 3 explores the success of measures aimed at addressing some of the key challenges in the sector. It considers a range of measures aimed at increasing labour supply in the care services sector and presents examples of good practice in the context of the corresponding welfare systems. Chapter 4 looks at the situation and particular challenges found in the new Member States, notably the process of deinstitutionalisation, the emergence of new service providers, the practice of networking and knowledge transfer, and the issue of sustainability of NGOs.

Chapter 5 arrives at some conclusions and identifies directions for future policy development. It brings together the main results of the synthesis and analysis of the national reports and case studies, and suggests future directions for policy and transfer of good practice in a European context. It also underlines the value of the care sector to the EU economy and points to the future challenges and issues that face the sector on a regional, national and EU level, in terms of employment, funding, quality and improving the image of the care sector.

Care in a European context 2

The care sector

Defining the European care sector – determining what constitutes care and what does not – is not a straightforward process. 'It is difficult to agree on the meaning of the frequently used term "care services" in a European context. At times, terms such as social services, social welfare, social protection, social assistance, social care and social work are used interchangeably' (Munday, 2003). The complexities of care extend to its providers, organisational settings, location and funding.

Care services are provided by a diverse range of organisations, encompassing both governmental and non-governmental agencies. However, most care is still provided in a non-regulated, informal manner, usually for no financial reward, by family, friends, neighbours, colleagues and unpaid volunteers. The provision of care services may be rewarded by profit, wages, symbolic payments; care may also be provided for no monetary gain. Carers may receive allowances, while 'cash for care' and 'care insurance' schemes also exist. Care services can be categorised according to where they are provided. It can be delivered to the service users' homes, in day centres of various types, in residential homes and in institutions. One Europe-wide trend is to reduce the use of residential services for reasons of both cost and user preference.

The organisation of care services may be separate from or linked with health, education and other community services. This blurring is also underlined by the description of care as 'criss-crossing a broad range of policy domains – social policy, health policy, education policy, labour market policy and incomes policy' (Daly, 2002). The 'severe dependency of many care-recipients' (Pickard et al, 2003) also leads to the conclusion that much care work inevitably overlaps health care, social work and, in some cases, parenting.

'Social services' is a common term used for all sorts of services designed to meet an individual user's needs. In most countries, service users include elderly people, children and families, people with disabilities – both physical and mental – and people with mental health problems. They may also include drug users, young offenders, refugees and asylum seekers.

While acknowledging the complexities of defining care, it is essential to have an operational definition of care to facilitate the comparative elements of this research. For the purposes of this study therefore, care is defined as: 'Help that is provided for any person of any age with a social care need, which hampers the person in some of his/her daily activities'. The definition can be further broken down by examining the different types of care recipients, as well as the types of carers and care work that are carried out. Since the aim of the research was to investigate employment creation opportunities in the social care sector, the focus is placed on care that is performed in a formal service provision setting as paid employment, whether provided by public, private or voluntary sectors.

According to the working definition of care used for this research, 'care recipients' are those people who have health or similar dependency problems. This may include dependent children, adults, people with disabilities, very elderly people and those with specific conditions such as Alzheimer's disease. Although researchers acknowledge that care is usually received through home services or in the community, the study also examined services provided in specific care institutions. People requiring primary medical care are not included in this definition, nor are those involved exclusively in educational activities.

Carers and care work

Delivering social care services involves employing different kinds of personnel at different levels of the provision structure. There are numerous titles and classifications for people working in the care sector, from social assistants to social carers to social workers. For the purposes of this study, the term 'carer' refers to people involved in the everyday delivery of services to the users, regardless of professional or educational qualifications. Carers, waged and non-waged, are classified as follows:

Waged carers

- 'Traditional' formal carers – waged carers who are employed by health or social care agencies and funded largely through public expenditure. The location of care will be either in the care recipient's home, in the community or in a residential institution.
- 'Mixed economy' formal carers – waged carers working for either voluntary bodies, non-profit organisations, or 'for-profit' care organisations. There are wide variations in salaries for traditional and mixed-economy social carers. In some countries, it is the traditional formal carers who are better paid; in others, mixed economy carers may be paid from various sources and so have higher salaries; however, mixed economy carers are more likely to lack trade union representation.
- 'Independent' formal carers – carers who are registered with an employment agency for casual and short-notice placements. Agencies act as recruiters and have vetting procedures in place; at the same time, they charge a commission to the carers they register. These carers are often self-employed or may engage in caring work to supplement their primary income. Job security and working conditions are often poor for independent carers.
- 'Personal assistant' carers – waged carers who are personally recruited by the care recipient or the care recipient's family or friends. This may be a permanent, casual or live-in arrangement.

Non-waged carers

- 'Voluntary' carers – carers who are not paid and who are likely to be linked to a health or social service organisation. Their time allotted to care could range from between two to three hours a month to three to four hours a day, as the carer decides. They might receive in-work training and reimbursement for their expenses.
- 'Family' informal carers – unwaged carers who provide care for their relatives. The work is generally undertaken because of the close relationship between the care recipient and the carer and no financial reward is expected. However, some countries provide a carer's benefit scheme where a family carer may be able to claim some compensation for their work. Carers may live near their family member or in the care recipient's own home, and the majority of family carers are female.
- 'Non-kin' carers – unwaged carers who are either friends or neighbours of the care recipient. Often this work is done for little or no monetary gain, although it may be rewarded in kind. Just as with family carers, the work is generally done due to the close relationship between the care recipient and the carer.

For the purposes of this study, it is important to make a distinction between different types of care delivered in the recipient's home by the different agents. 'Home care' is one of the established ways

of delivering care in formal arrangements. It is important to distinguish this from 'household-based care', which is carried out by unwaged, informal carers who may, however, receive state benefits. Family or non-kin carers often provide household-based care.

Demand for care services

As social care is usually delivered in the households of the recipients, the sector has a low visibility in society. However, the ageing of Europe's population is expected to have a major impact on demand for social care services and it is predicted that nearly every household will eventually be using social care services of some kind. Experts estimate that 70% of people aged over 70 years are unable to perform at least one or two daily routine activities without help. Consequently, there has been a paradigm shift in the culture of care for the elderly, with calls for universal accessibility and improved services resulting in a growing social care services market.

Some estimates have been made about the size of the workforce in the care sector. The largest care workforce is found in Denmark (10% of all employees), followed by Sweden (9%), the Netherlands and the UK (8%); in Hungary, less than 5% of all employees work in the care sector (Cameron, 2002). Gaining an understanding of the factors that influence the sector's labour structure would aid in understanding this ever-growing and important field. Evaluative research meetings identified the following issues and conflicts of interest as being of primary importance:

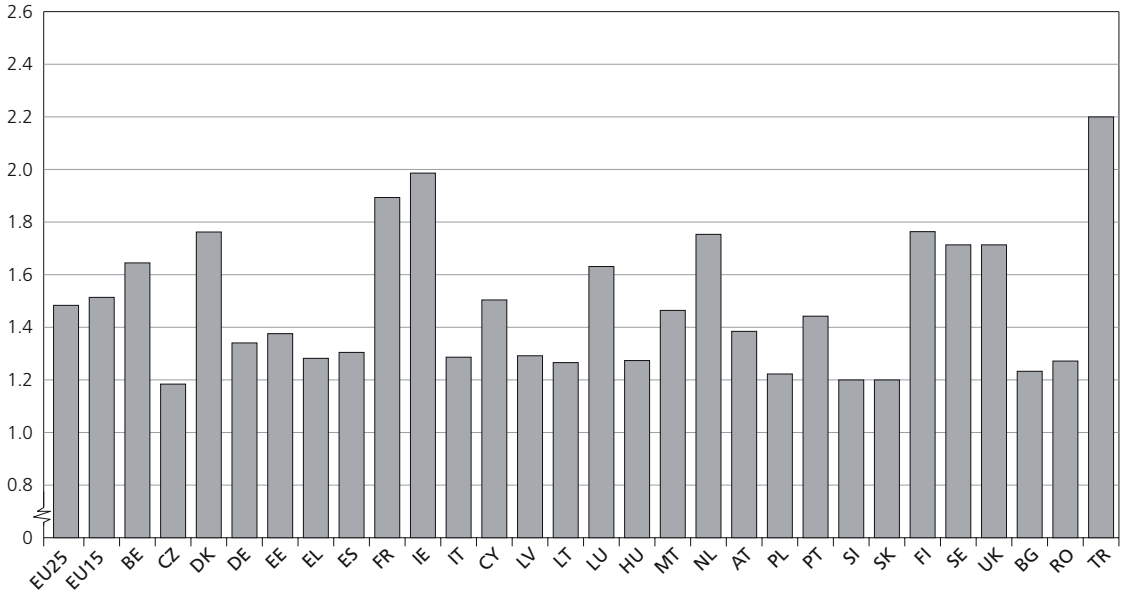
- Public image of care: while caring for the weak and vulnerable members of society is valued in theory, being a paid carer is not rated highly as a job.
- Training, skills and qualifications: a mismatch may exist between the sort of skills needed in providing good quality, compassionate care, and the formal qualifications required to perform such work. Qualifications specified by law may be very high, while the job may be unrewarding. A further consideration is that existing workers need on-the-job and mid-career training in order to keep up with fast-changing cultural circumstances and societal requirements – for example, regarding the rights of care recipients.
- Equal opportunities and gender issues: one factor in the poor public image of the sector is that it is predominantly female.
- Quality of care provided: measuring quality of care is one of the crucial elements of the service; quality of care also depends upon the personal relationship between the carer and the care recipient. Tensions may arise since social care is often provided on a one-to-basis in the home of the service user. Evaluating non-waged and institutionally unsupervised care is a further important issue.
- Working conditions and work–life balance of carers: to what extent should family care be formalised? Dismantling family ties will render family care problematic.
- Undeclared work: this issue matters both in terms of tax revenue and also for the quality of care provided and for the working conditions of carers.
- Accessibility of care: this is a societal issue, as is entitlement to care; countries can differ regarding such matters.
- Mobility of carers – both within and from outside EU boundaries. A number of issues surround migrants' qualifications and their opportunities for working in the care sector; this can sometimes lead to tensions.

- Use of ICT in the care sector: this could reduce demand for personal care, but it could also lessen the importance of the personal relationship between the care recipient and carer; the appeal of the sector might diminish as a result.
- Financing and legislation: if regulations require that carers be well-trained and highly qualified, it might place an unacceptable financial burden on societies. A further issue is the conflicts of interest that exist between residential and home-based care, a result of competition between the health and social care market (depending on the financing structures of Member States).

Ageing and demographic change

The challenge of population ageing in the EU15 has been widely acknowledged, and the problem persists even after the recent enlargement of the EU. A recent Green Paper published by the European Commission (EC, 2005b) deals with this issue. Most of the new Member States have relatively young populations, due to higher fertility levels in the 1970s and 1980s, coupled with shorter life expectancies. However, the 'rejuvenation' effect arising from EU enlargement is expected to be both limited and temporary. In the long run, enlargement will probably hasten the EU ageing trend, as the NMS are today characterised by fertility levels lower than those of the EU15 (Figure 2). The fact that Turkey is the one country with a higher than average fertility rate carries important policy implications for immigration and labour mobility; it also raises questions about training needs in a future enlarged EU.

Figure 2 Total fertility rate, 2003



Source: Eurostat, 2005

The ageing of Europe's population will gradually lead to a reduction in the labour force. By 2030, it is estimated that the working age population in the EU25 could as low as 280 million workers, compared with the present population of 303 million workers; this suggests a significant decline in

the volume of employment. This has implications for Europe's growth potential and for the sustainability of its pensions, benefits and – in particular – of its social services for the elderly (European Commission, 2005a).

Another recent EU document devoted to economic, social and territorial cohesion – the New Partnership for Cohesion (European Commission, 2004e) – outlines the future challenges arising from an ageing society. The problem facing future care services stems from both the increasing number of elderly people in the EU and the falling working age population; at the same time, the exponential growth of the 'very old population' is putting real pressure upon Member State governments. Elderly people represent over 40% of the working age population in most of the Mediterranean countries, in some parts of Scandinavia, and in central European countries. Such figures indicate that changes in the old age dependency rate will be most rapid in eastern Europe, while the effective dependency rate will be most burdensome in the northern Mediterranean countries and in Scandinavia.

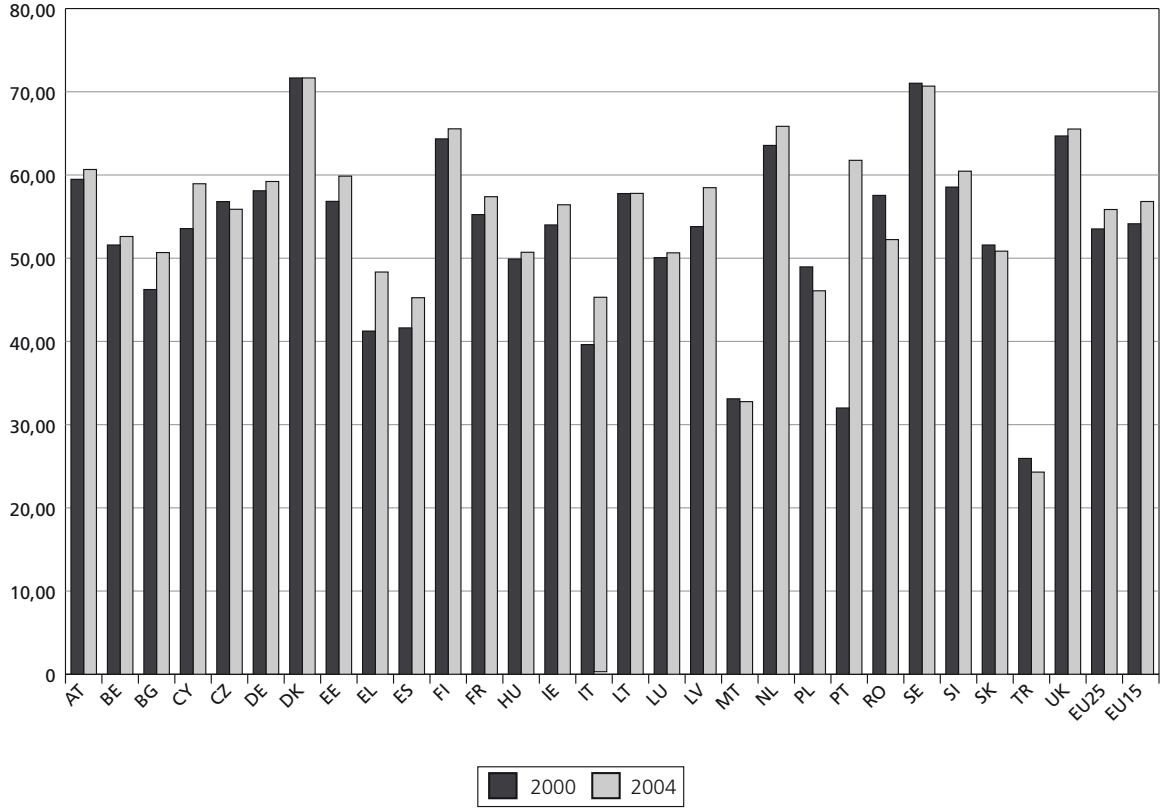
As people live longer, there will be an inevitable increase in demand for social care services by the elderly. However, older people are also maintaining a reasonable level of health for longer. Living longer need not be a problem: better living and working conditions have enabled EU citizens to live longer without needing any extra health or social care. Even for the lowest-ranking Member State – Hungary – disability-free life expectancy is now over 61 years of age (61.8 years). Romania, one of the acceding countries, has the lowest life expectancy at 60.9 years. In nine of the Member States – Austria, Denmark, Finland, Germany, Greece, Italy, Luxemburg, Spain and Sweden – the figure is over 70 years of age, 2.5 years higher than in the United States (World Health Organisation, 2003). Such figures might permit some optimism about the future demand for social care and also about future funding for such services. Policies aimed at the promotion of healthy and independent living clearly reduce the demand strains on care for the elderly.

Demographic changes in terms of an ageing population and increases in the number of 'very elderly', who are more likely to need social care, are accelerating in the EU. This combines with social factors such as changing family structures (including an increasing divorce rate) as well as the increasing mobility of families across the EU, and other structural transformations in the economy and labour market. Diminished traditional family care responsibilities reinforces these developments. These changes contribute to the growing demand for care services and the pressure on the sector as a whole. Future care services for the elderly and for those in need will be transformed by these new challenges.

Demographic changes affect the extent and intensity of the need for informal care, both in relation to demand and supply. Demand for care services has increased, due to the ageing of Europe's population, the result of sustained low birth rates and increasing life expectancy. Ageing will become even more pronounced in the future, in particular with the rapid increase expected in those over 80 years of age. Between 2010 and 2030, it is estimated that this age group will increase by eight million, an increase of 44% (European Commission, 2004b). The challenge arising from this increase is underlined by the fact that, at present, the majority of people aged over 80 years who require permanent assistance are cared for at home by their families. Besides the growing need for care services, there is a high public preference, at 55%, for the idea of working adults providing more support for their parents in future (European Commission, 2004b).

Societal changes are affecting the caring capacities of many families. Family care is based on the traditional understanding of family ties and responsibilities. However, changes in the values of modern societies towards the family undermine most of these types of care provision. Changes are visible even over short time spans. In 2004, for example, women were more likely to be active in the labour market than they were in 2000 (see Figure 3). The opposite trend is evident in some eastern European countries, however, where there has been a backlash against the widespread 'compulsory' participation of women in the labour market (a feature of the former communist regimes). EU policy developments stress the importance of female labour market participation. However, the accelerating growth of the female employment rate may result in families being less able to care for their dependent family members.

Figure 3 Female employment rate, 2000 and 2004



Source: Eurostat, 2005

The rising demand for care services and growing strain upon the supply of such services points to a future imbalance between supply and demand.

According to Munday (2003): 'A combination of demographic and attitudinal changes to family care will impact heavily on the demand for formal social services for elderly people in the 21st century. Providing sufficient affordable care for elderly citizens is identified as probably the highest priority for the European public service sector, together with the need to learn from the experience of other countries in this field. An additional factor is the trend for more women – the traditional

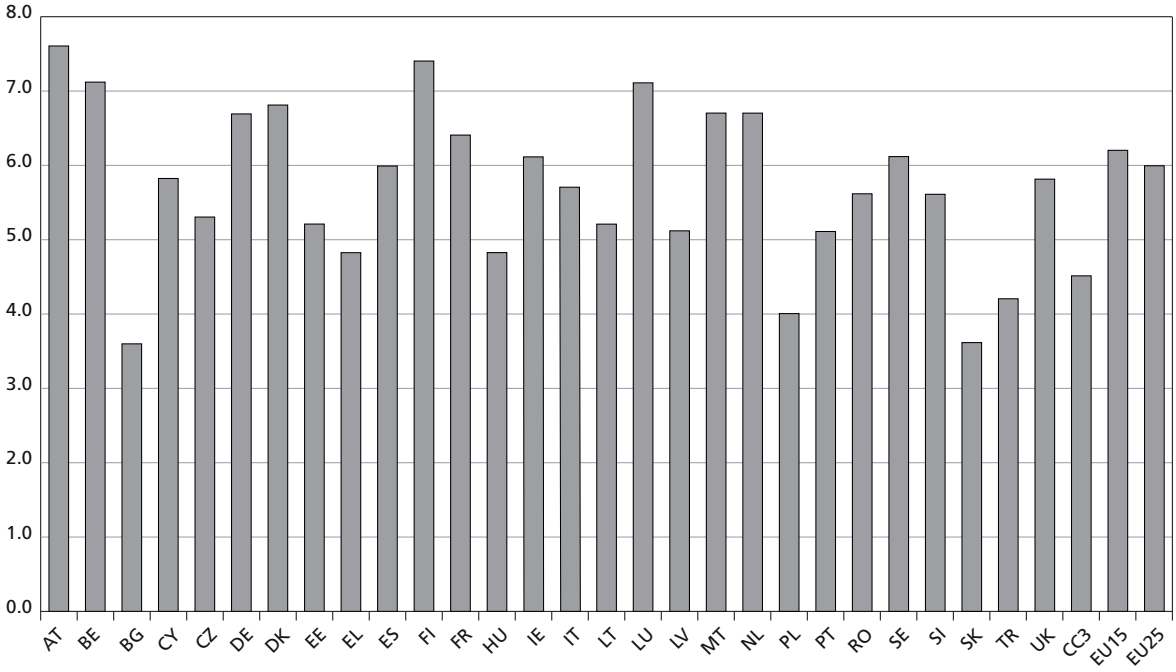
family carers – to enter the labour market and so become less available to care for dependent family members. The 'traditional family' model is also changing, with increasing numbers of one-parent families and families affected by divorce and re-marriage. These are complex subjects with major consequences for the future of family care and social services.

Different welfare models

Countries vary considerably in terms of the care they provide – a result of differing histories, culture, economics and politics and religious backgrounds. The importance of cultural values, which can vary even from household to household, cannot be overestimated. Cultural factors mediate between the individual and social behaviours that develop in response to demographic, social and economic trends and pressures. These produce different approaches to and preferences in the ways that people deal with major life course decisions. Resolving the problem of 'who should do what' in social care will become an ever larger moral, political and economic question in policy debates in the near future: care work extends into cultural values, different public services, technological advancements and the public media.

Fahey et al (2005) confirm substantial differences among Member States and acceding countries in the perceived quality of social services. In its *First European Quality of Life Survey*, the Foundation examined how people generally rate the quality of social services on a scale from one to 10, where one means poor quality and 10 means very high quality. Figure 4 outlines the responses of participants to this question in the Foundation survey. The variation between the countries stems from a number of issues, which are closely connected with models of welfare states and the adaptability of these systems to modern lifestyles.

Figure 4 Perceived quality of social services (on a scale of 1–10)



Source: First European Quality of Life Survey, 2003

Although European countries are addressing the development of their welfare systems and care provisions, 'far from heading in one direction, each country seems to be developing its social services according to its particular tradition of welfare provision' (Rostgaard, 2002). This lack of convergence within Europe may be due partly to the fact that most previous EU regulation in the social field pertains to 'soft' law. The aforementioned European Commission Communication (European Commission, 2004a) calls for 'modernising social protection through the support of national strategies using the "open method of coordination" and supporting the efforts of Member States in developing high quality, accessible and sustainable long-term care services'.

EU Member States have reacted differently to social protection challenges – partly reflecting country-specific differences, but more generally reflecting the main welfare models in Europe. The modelling of welfare states has been traditionally based on social spending (Wilensky, 1975) and social protection, and was centred around labour market participation (Esping-Andersen, 1990). However, as a result of the work of feminist scholars in particular, the provision of social services has been introduced as an issue as well. Altogether, four typologies of welfare state are widely acknowledged in policy debates, reflecting the work of Antonnen and Sipila (1996) and Abrahamson (1999). In addition, a 'new' type of welfare state has been identified, reflecting the main characteristics of eastern European welfare states. The five typologies are as follows:

- The residual or 'Beveridge' model: this 'liberal' welfare state and its liberal social policy rely on means-tested services and benefits. Such a model is most prevalent in the UK and to some extent in Ireland. Increasingly, this type of welfare state has handed over its public services to the private sector, with the state acting as a regulator and protector against market failure, as opposed to a primary provider of care. 'Here the state increasingly withdraws from a traditional role of direct service provision, contracts with providers from other sectors, and targets services on "problem cases", the most dependent service users, and people with limited income. For-profit service providers play an increasing role in the system, as do NGOs. Privatisation is applied to this model because of the use of for-profit organisations, e.g. in residential care for elderly people' (Munday, 2003).
- The 'corporatist welfare state' model: this model follows the Bismarckian model and is generally linked to Germany, Austria, the Netherlands and, to a lesser extent, France and Belgium. This form of welfare state approves labour market participation as a guarantee of social protection against problems such as sickness or old age. Those not participating in the labour market are likely to have to source their care provisions from a voluntary organisation. 'The subsidiarity principle is especially strong in Germany and the Netherlands where services are provided mainly by NGOs, in the former by a relatively small number of very large and long-established NGOs, and in the latter by many, often church-based, NGOs. The state plays a major role in financing the NGOs. The family also has a strong primary responsibility' (Munday, 2003).
- The Scandinavian model of public services (Sweden, Denmark, Norway and Finland): the 'social democratic policy' associated with this model is generally found in the Nordic countries. A broad range of high-standard care provided by the state characterises this model, which 'has been based on the principle of universalism, with services for groups such as children at risk, people with disabilities, and elderly people readily available and paid for from general taxation. Local government plays a key role in the production and planning of the public service sector, with limited contributions by NGOs and a minimal role for for-profit organisations' (Munday, 2003). This model provides extensive rights for service users.

- The 'family care model': this model relies heavily on church teachings and is to be found in the Mediterranean countries, such as Greece, Italy, Spain, Portugal and Cyprus. 'Here there is limited state provision of services with more emphasis on the Catholic tradition of families' responsibility for care, together with that of often well-established NGOs such as the Red Cross. Wealthier people tend to use commercial services' (Munday, 2003). This type of welfare model emphasises the central position and importance of the family; formal care is often under the surveillance of the church, while the rights of service users are not so well established. Such an approach to social provision is most fragile to the aforementioned societal changes.
- The 'eastern European model': this welfare model is evident in most of the NMS and accession countries. It is part of the post-socialist welfare model.

In most Member States, a mixture of these models applies. For example, the Scandinavian countries also outsource public services, as in the Beveridge model.

Munday (2003) made an important contribution by characterising pre- and post-1989 social services in central and eastern Europe, connecting the NMS to the European agenda of welfare states typology. According to his study, social services under communism had three important features. An ideological denial of the existence of social problems was fuelled by the concept of 'the perfect state'. In the centrally controlled welfare system, the state had a monopoly over public services and recipients had little influence over provision of services. Suppression of civil society blocked the development of non-state organisations and service providers. According to Munday, the three most important factors affecting the post-1989 development are the legacy of the past, economic restructuring, and the new and severe economic problems these countries have to face. Countries in eastern Europe vary a great deal in terms of the welfare paradigm and welfare provision. At this point, the predominant social policy model emerging in the region is closest to the residual 'Beveridge' model.

Labour supply in the care sector

Labour shortages in the care sector exist in many of the EU25 Member States. As Europe becomes a knowledge society, labour-intensive care will put more and more pressure on national budgets and on individuals' resources.

The European Employment Strategy plays a leading role in the implementation of the employment objectives of the Lisbon Strategy. The 2004 Council Recommendations (European Commission, 2004d) were structured around four priorities for action identified by the Employment Taskforce: increasing adaptability of workers and enterprises; attracting more people to enter and remain in the labour market; investing more effectively in human capital and lifelong learning; and ensuring effective implementation of reforms through better governance.

The economic dimension of the care sector is one of the most dynamic in the EU. Between 1995 and 2001, more than two million jobs were created in the health and social care sector – 18% of total job creation. Employment in these sectors accounts for almost 10% of total employment in the EU (European Commission, 2004f, 2003). In light of the need for an adequate social care labour supply across all Member States – to meet the ageing demographic challenge, encourage economic growth, and support the sustainability of social protection systems – the social care

sector would appear to offer excellent employment growth opportunities for the foreseeable future.

However, Cancedda (2001) identifies a number of key obstacles concerning job creation and growth in the care sector. Difficulties in expanding care services can be linked to economic, cultural and administrative obstacles, the bias towards informal care, and a lack of state incentives – such as tax breaks and subsidies – for creating new jobs. In addition, issues such as the perceived unattractiveness of caring as a career option, the lack of training opportunities and low wages all act as obstacles to translating latent demand into demand for services and jobs.

An initial examination of the European care sector from a supply perspective suggests a number of weaknesses, including relatively few young labour-market entrants and the intensifying levels of staff turnover (often due to the lack of career prospects and poor working conditions). These problems are exacerbated by the continuing poor perception of the sector as typically offering low rates of pay in part-time or short-term employment contracts.

The framework of this study has been designed in an attempt to analyse very diverse labour supply systems, based on differing cultural and regulatory features – not an easy task. Few clear-cut statistical data regarding the sector exist. While the number of formal carers is recorded in national statistics, the extent of informal work is rarely accurately quantified. Interdependence between supply and demand blurs causal links, while future needs and resources are even more difficult to estimate. In the research, therefore, the emphasis has been on distilling key commonalities, issues and factors that emerged during the literature review, undertaken prior to the empirical phases. In addition, as pointed out by van Ewijk et al (2002), it should be borne in mind that with certain exceptions, the care sector in many countries is still in its infancy or early stages of professionalisation, and needs to be analysed in a way that neither is overly rigid nor fails to take into account differing levels of evolution.

The Foundation's recent research on household services, which deals with childcare and care of the elderly, finds a large unsatisfied need for household services, a need that will continue to grow as a result of social and demographic trends. However, the research concludes that it cannot be assumed that these needs will be met by the emergence of new services and/or the creation of new jobs: there are many economic, sociocultural, policy-regulatory and organisational obstacles to the development of such jobs and services; so far, these have been only partially overcome (Cancedda, 2001). Indeed, the report highlights that, although there has been a rapid growth in the demand for household services, there are many barriers to establishing sufficient supply of these services.

The reason for labour shortages varies across nations; they may be largely driven by supply or demand factors, which in themselves may be the outcome of either economic or societal aspects. Cancedda (2001) also finds that in some countries labour supply factors are more important than those affecting demand. For example, in the UK, labour shortages in the home care sector stem from the difficulty in recruiting personnel who are willing to work in household services. Such unwillingness is the result of the occupation's low salaries and poor working conditions, as well as the improved prospects for finding alternative work in the local labour market.

Research by Coomans (2002) has attempted to place the prospects for labour supply in the care sector within a wider framework of labour supply and future shortages across Europe as a whole. His findings illustrate that the care sector cannot take significant future supply for granted, since it

will be competing with many other sectors in the same predicament. Coomans predicted that:

- although the current economic system is based on abundant labour supply, the coming era will be characterised by a scarcity of human resources, which will significantly change labour market behaviour, bringing with it the need for considerable organisational innovation;
- the EU's working age population is expected to peak at the end of the current decade, and then decline. The working population will also age, notably so, after about 2007;
- one important outcome of these developments will be overall labour shortages, especially in northern Italy, parts of Germany, Austria and the Benelux countries;
- when trends in education are assessed, it is clear that labour shortages of people with lower qualification levels will be especially acute;
- any occupation recruiting 'lowly qualified women around the age of 30 years' will need to significantly improve the quality of jobs offered, in order to make them more attractive to workers.

The fact that the care sector is closely linked to the health and social sectors complicates matters on a policy level. At the same time, the general assumption that care work is menial and inferior exacerbates matters on a practical level. Further complications include state budgetary restrictions, poor quality unmonitored care, undeclared work and the assumption that families, friends and neighbours will shoulder the burden of care. It is also clear that both carers and care recipients are currently vulnerable to exploitation. Rates of pay are likely to be low and this in turn affects the availability of high-quality care.

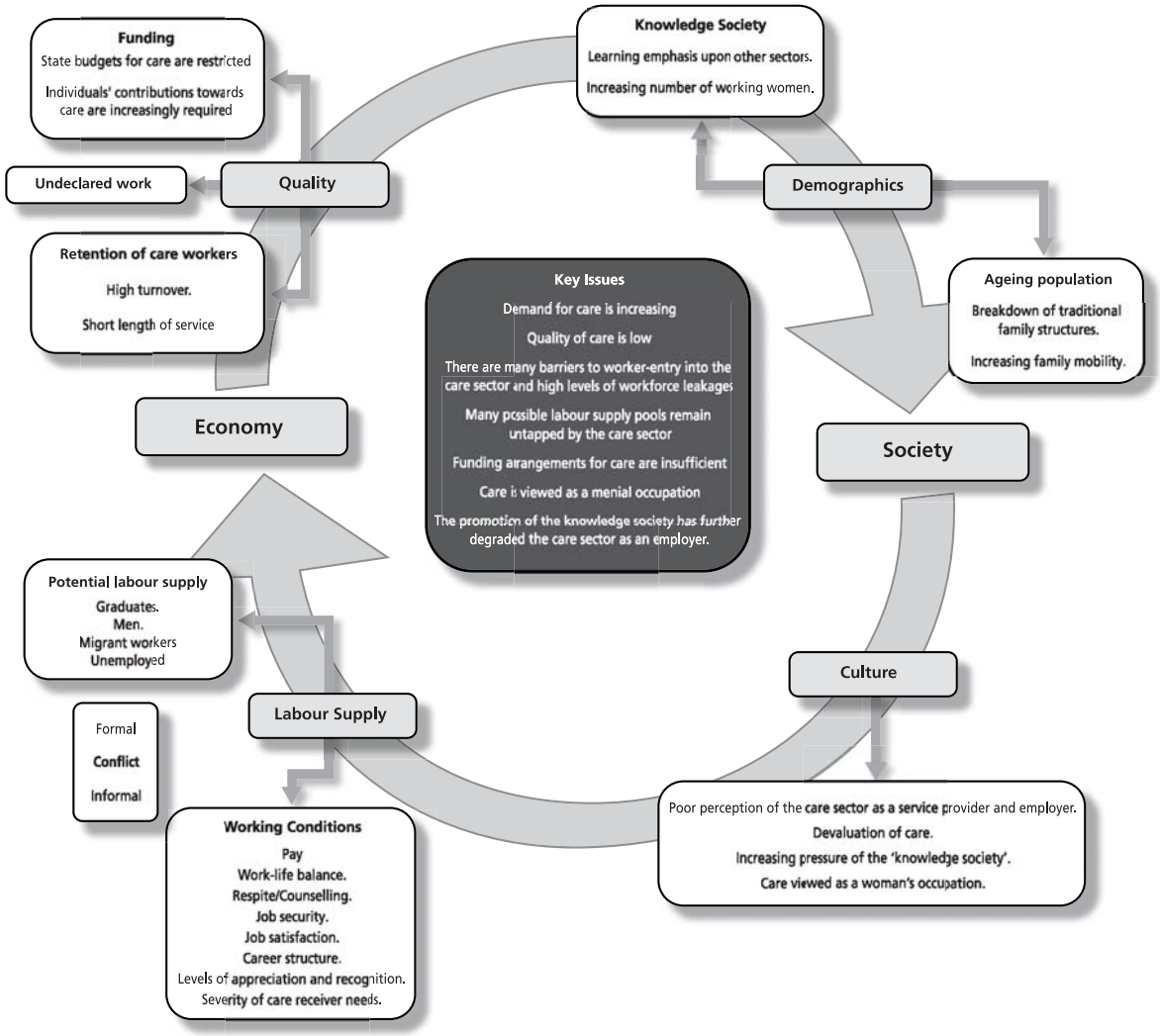
Analytical approach to research

This study is based on an analytical approach designed to explore the key issues and hypotheses affecting labour supply in care services. An extensive literature review has highlighted that most European countries are experiencing a growing shortage of carers for the dependent elderly, children and those with disabilities and illnesses. Evidence of this shortage is illustrated by the number of countries that are experiencing severe difficulties in recruiting staff for existing vacancies, and the evidence of national experts in this study confirming the existence of such shortages. Anecdotally, it can perhaps be best expressed by the comments of the Chief Social Services Inspector in England, who has stated that 'homes for elderly people lose staff when a new supermarket opens nearby' (van Ewijk et al, 2002).

As other experts have suggested, the key tasks facing Europe's care sector are identifying and targeting those who should or who will be the carers of the future and identifying who will bear the costs of such caring: 'To grasp why care is becoming increasingly problematic for states and societies, one must only note there has been a change in the context of care. The demographic and financial factors have acted as pressures, increasing the demand for care whereas the social factors, in particular changing norms about family and kin responsibilities and the role of women, have contributed to a transformation of the conditions under which care has been traditionally organised. All of these together have acted to effectively decrease the supply of care at a time when the demand is rising' (Daly and Lewis, 2000, cited in van Ewijk et al, 2002).

The complexity of the analytical framework mirrors the complexity of caring itself, which is based on particular contexts, judgments and emotions, as well as on technical and management skills. It is the diverse nature of caring, as well as its formal and informal aspects, which underlies the circle of economic and societal factors in the framework. Each of the factors has the capacity to influence the others so that supply and demand feed the system in a range of both complementary and contradictory ways. However, the direction of these 'pushes' and 'pulls' will not always be the same across countries since, as the conference report on 'Care workers: matching supply and demand' highlights 'The cross-European differences in cultural values (often expressed simply in terms of the tripartite division between Anglo-Saxon, Mediterranean and Nordic models) mediate the individual and social behaviour that develops in response to demographic, social and economic trends and pressures. These produce different approaches and preferences in the ways that people deal with major life course decisions; and this in turn sets boundaries around what will and what won't work in terms of care provision in different contexts. In other words, because the care sector straddles the territory between the economic and the social spheres, it is difficult, if not impossible, to envisage a single European approach that would fit each country' (Gore and Yeandle, 2003).

Figure 5 Analytical approach to the study



The basis for the analytical framework was the European social model, which states that an economy will only flourish in a society that cares about its weaker, vulnerable members. As Figure 5 outlines, the economy can affect the quality of care through financial viability. Restricted state budgets and inadequate personal contributions can adversely affect the quality of care offered and received. Employing undeclared workers without professional supervision can also affect quality. As previously discussed, demographics affect demand for care in a variety of ways; sociocultural factors in society will influence workers in their employment choices. All these factors affect labour supply in the sector, as do conventionally understood work-related issues, such as working conditions, pay levels and job security.

The analytical framework also reflects the fact that the care service sector does not operate in the traditional market sense, where there is a visible and transparent direct interface between supply and demand. For example, a typical analytical framework examining the labour market of most other sectors would be depicted by a list of demand factors on one side and supply factors on the other side. Positive change in the care sector can really only occur once all factors are working in the same direction. For instance, it may be the case that addressing undeclared work and securing more funding for education and training can improve the quality of care. However, these may be only temporary solutions if the increased expectations of newly paid and better-qualified carers are not matched by improved working conditions as a whole. Indeed, the outcome could be the departure of many individuals from the sector to seek better employment conditions elsewhere, with the result that these investments become a cost and a burden.

This suggests the need for structural change in terms of the factors underlying changes in both supply and demand. Escobedo et al (2002) have summarised some of the key factors influencing the changing demand for and supply of care services in Europe (factors that are incorporated in the analytical framework). These factors are:

- Demographic and economic change: demand for services is driven by increasing female employment, which leads to an increased need for childcare services and a potentially reduced availability of informal carers. Women's employment is growing in all countries, although there remain considerable differences between Member States in overall levels of employment and levels of part-time working.
- Attitudinal changes: these are partly related to different attitudes or ideologies about care, linked to different identities and understandings of what it means to be a 'good' parent, child or relative. Attitudes may, however, change, which in turn may contribute to increased demand: for example, the idea of children attending care services from the age of one year has now gained acceptance in some Nordic countries.
- Availability of other care arrangements: informal carers, in particular relatives, are still the main providers of care, although the relationship between formal and informal care may not be mutually exclusive. Greater provision of care services may lead to care recipients being able to choose who they want to provide which types of care, and to informal carers assuming new responsibilities and tasks.
- The role of policy: care services are strongly influenced at the macro policy level by welfare regimes, but it is also possible to see the impact of more specific policies. These policies may have various aims – for example, to promote formal services or informal care by family

members. They include monetary benefits, employment-related measures, developing services, and incentives towards employment creation.

Although areas of interest are specified in Figure 5, with data collection and analysis directed towards answering particular questions, the underlying analytical approach in this study is more open. In effect, it starts by asking some broad questions:

- Which policy/procedure/programme/initiative is taking place, with which important features and relationships, and what are the effective outcomes?
- What are the key issues that affect the quality and quantity of labour supply in care services?
- What are the drivers of change and how has national policy responded to the key issues for the care sector workforce?

Future challenges

As noted earlier, the social care workforce is relatively complex in nature, comprising both formal and informal care providers, who offer services across a wide range of care requirement spheres. The labour supply is typically characterised by relatively low geographic and occupational mobility and is often linked to relatively high levels of undeclared work. The European social care workforce is also heavily dominated by female employees, largely due to the fact that care skills have traditionally been regarded as inherently female in nature, leading to concerns that care skills are largely undervalued.

Due to the personal nature of care provision, the quality of the social care labour supply is an essential area for consideration. Evidence collected suggests that the quality levels across areas of care provision are often uneven and this may be linked to the lack of 'professionalisation' in the care sector workforce. Introducing stringent qualification targets could potentially address this problem, although the risk of alienating much of the current labour market should not be overlooked.

The availability and source of care funding is also an issue that influences the sector's labour supply. There are different views about funding for care: one of the most supported is that of user empowerment, which involves a lump-sum payment to the care recipient, enabling them to purchase the type of care that best suits their needs.

Some of the main expert findings arising from the case studies are listed below. These issues are covered in greater detail in the next chapter, and they are accompanied by case studies that illustrate various initiatives – undertaken to address them – across the 13 countries featured in this study.

- The care sector is economically very significant, offering job opportunities for a high proportion of the workforce.
- Policies must acknowledge that provision of care is both formal and informal.
- Many caring activities are undeclared, which jeopardises both the quality of care and the working conditions of many informal carers.

- The care sector workforce is ageing, creating a specific need for improved working conditions. In terms of ageing, the NMS will, after a time, experience the same problems as the EU15.
- The care workforce is overwhelmingly female, often with low pay and underdeveloped career structures.
- Many initiatives in public, private and voluntary sectors have been established to promote labour supply in the care sector. The NMS and acceding countries have experienced dramatic policy and organisational changes with decentralisation on the agenda.
- Quality assurance is one of the major stepping stones towards improving financial viability of care.
- In most of the EU15, demand for social care services exceeds the supply of resources available, particularly in terms of labour supply. In some of the NMS and acceding countries, the labour supply may exceed demand, but only in the short term. In the longer term, a pattern similar to that of the EU15 will emerge.
- Policies aimed at reducing the need for care are developed in many countries and are important for reducing the pressure on the labour force.
- Particularly in the NMS and the acceding countries
  - the family has a stronger role;
  - the population is ageing more slowly;
  - the working conditions in the care sector are worse than in the EU15;
  - the care sector has undergone considerable decentralisation;
  - there are bigger regional differences, and specific care problems in rural areas.

Good practice in social care in the EU 3

In the six EU15 countries studied, demand for social care services exceeds supply, particularly in terms of labour supply. Information from the five NMS studied and the two acceding countries reveals a whole new set of demands and care needs that could only be seen after the major socio-political changes of the past 15 years had taken place. These changes have resulted in the establishment of new providers and types of services. This chapter further examines issues relating to the sector's labour supply by describing case studies of innovative initiatives in some countries.

Measures to improve labour supply can be divided into two main categories: factors directly affecting labour supply and the needs of the users. Factors directly affecting labour supply can be driven by economic or social changes and include such issues as job creation, preservation of the workforce, the formalisation and/or the support of informal care activities, as well as the introduction of new kinds of provisions. Labour supply in social care is also affected by the needs of the users. Assuring quality of care and empowering users can strengthen the trust in services and personalise them, as well as helping to create jobs for highly educated newcomers in the care sector. Programmes dealing with the effects of demographic changes, such as those aimed at the positive promotion of ageing and the use of new technology in care, also affect the need for care work. Sometimes this leads to the requirement for new services; at other times it reduces the demand for care, often increasing workforce mobility in the sector.

Attracting new workers to the sector

The most direct way to improve labour supply in the social care sector is to attract population groups that have not previously worked in the field. A feature of the recent European Commission Communication on 'Modernising Social Protection' (European Commission, 2004a) is its call for human resources management and investment in human capital to meet the challenges of demographic ageing, as well as promoting the sector as one of the key employment growth areas over the coming decades. The Communication also calls for measures to ensure a 'high level of basic and continuing training, in the context of lifelong learning'.

European and national policies on employment, equal opportunities, social protection and exclusion are all key to the care sector. Job creation, in particular, should be the main focus of employment policies, particularly in terms of promoting the sector for groups with low levels of employability – the unemployed, those previously employed in the sector, women, people returning to the job market and immigrants. Job creation through investment in human capital can have positive effects in meeting the growing demand for care services and workers.

Graduates in social work

In an attempt to address the low number of graduates in the care sector and to improve the professional status of the care industry, both the UK and Greece have recently introduced a new social work degree. The introduction of university-level qualifications is a positive first step, in terms of both creating a new generation of highly qualified care workers to respond to increased demand, and of promoting the image of the sector.

UK and Greece: Upgrading the status of social work education

In the UK, a new three-year degree programme in social work has been developed through a partnership between colleges and employers. The programme provides college-based tuition and the invaluable practical experience of working in a social work team.

In Greece, social work training has also been upgraded to university level, providing the opportunity for social workers to obtain a degree; this also forces the technological educational institutions (TEI), usually responsible for social work education, to upgrade their qualifications. In addition, Greece has been involved in an initiative to train unemployed graduates from other sectors in the caring profession through short-term intensive vocational training courses.

In Finland, growing concern about the need to attract more people to work in care for the elderly has resulted in an initiative by the Finnish Union of Practical Nurses aimed at portraying a positive image of their work to attract more employees.

Finland: Lähellä Lämpimät Kädet (Warm hands nearby)

This project aimed to increase occupational well-being among employees in the eldercare sector and to enhance its attractiveness as a career option for young people and the unemployed. It also aimed to improve the public image of the sector and to increase support for training among employees.

The project highlighted the need for debate about quality care for the elderly both within the sector and in society as a whole. According to the SuPerUnion care centre, employers have become increasingly aware that the occupational well-being of their employees, and a positive work climate, assist in portraying a more attractive image of care for the elderly and can attract more employees to the sector.

Further information: http://www.oleva.com

Disadvantaged groups in the labour market

One potential solution to the labour shortage problem in the care sector is the employment of those currently unemployed or inactive. However, there appears to be an ongoing 'disconnect' between those offering employment opportunities in social care and those seeking work: the sector does not attract those who have never worked in social care and those without social care experience do not view it as a viable employment option.

New initiatives in the countries featured in this report have recently been established with the specific aim of recruiting the long-term unemployed and of reducing the pattern of 'recycling' social care workers. The results have been positive and indicate that Member States are making progress in specifically targeting the long-term unemployed and inactive, to help meet the demand for labour in social care. These initiatives emphasise training as a means of improving career prospects and the quality of care provided and of increasing the labour pool for the sector. The following case studies provide specific examples of such initiatives and of their immediate effects on labour supply.

UK: Social care access programme (SCAP)

SCAP is a six-week programme funded by the Department of Work and Pensions, which aims to encourage unemployed people without social care qualifications to work in the social care sector. Trainees are paid two-thirds of the normal rate during SCAP and, assuming they secure a permanent position after training, the employing organisation receives a further government grant that subsidises the candidate for six months.

The programme is advertised locally and is open to all, especially people with disabilities, single parents, and ethnic minorities.

To date, the programme has enjoyed some success. In 2001, SCAP was piloted in Ealing and was specifically aimed at job creation within older people's services. Participants of the pilot programme expressed a high level of satisfaction and all 20 trainees have remained in the profession, gaining permanent employment with their mentor organisation.

Germany: 'Training offensive' in eldercare

Local actors in Hamburg launched a training offensive, aimed at increasing labour supply in out-patient care of the elderly. The initiative aimed at enhancing care workers' skills through training courses that could be taken during working hours. It also aimed at attracting new carers by raising awareness of the benefits of working in the sector and providing incentives to unemployed persons, such as language courses for immigrant trainees and partially covering childcare and transport costs.

Employers can obtain a 50% grant – covered by the Employment Office – for the further training of their employees. Through a job rotation model, it is possible to replace the trainee with a new recruit, who must be unemployed. This ensures that those already employed get the opportunity to gain qualifications and further their careers, while new carers are simultaneously brought into the labour supply system.

The final target of the programme is to have 300 previously unqualified carers officially qualified as carers of the elderly, and incorporated into the care sector labour market.

In Slovenia, attempts have been made to solve the labour shortage in the social care sector with an initiative to recruit people who would otherwise have difficulty securing employment in the area.

Slovenia: Independent living for disabled people

This programme guarantees personal assistance for all disabled persons who want to live independently. As well as meeting the needs of people who want more control over their own lives, the programme creates job opportunities for those who encounter obstacles to securing employment.

The aim of the project is to employ, as personal assistants, people who are at a disadvantage in the labour market. These include the long-term unemployed, first-time job seekers, workers who were made redundant, single mothers, and people who have completed drug rehabilitation programmes. Personal assistance includes personal care, domestic tasks, attendance and other tasks, which the disabled person cannot perform or needs assistance with.

Further information: http://www.yhd-drustvo.si/eng_

A Bulgarian project expands the range of community-based services available and enhances their quality, while creating job opportunities for the unemployed and increasing the labour supply in the sector.

Bulgaria: Social services and new employment

This project provides access to social services for vulnerable people, such as single elderly people and children with disabilities. Coordinated by the Ministry of Labour and Social Policy in partnership with UNDP, the project uses NGOs as service providers. In addition, by recruiting the long-term unemployed as social assistants, the initiative taps into an underused source of labour. The project has helped meet the growing need for social assistance among elderly people – particularly those living in remote and disadvantaged areas – who form the largest group of service users in the project.

Further information: http://www.sanebg.org

In Romania, legislation allows a person to be employed not only in institutions as a carer of dependent persons, but also in his/her own home as a household manager or as the personal assistant of a family member. This increases the employment opportunities for people who have fewer opportunities in other, more competitive areas.

Romania: Vocational training of unemployed people

The National Association for Mutual Romanian-French 'Louis Pasteur' Braila has developed a project to train 30 community workers and social-medical carers (home workers for elderly and sick people, and baby-sitters) in Braila and Galati. The project's target training group included unemployed people and young members of their families, whose education was suffering due to their parents' situation.

One dimension of the training courses was medical-social studies. Another was the development of more general competencies, such as CV writing, job interview techniques, job-seeking and basic ICT training. A promotion campaign contributed to the success of the programme, by advertising the availability of the trained care workers.

The greatest difficulties encountered by the programme managers were in fostering a more proactive attitude among the participant towards their career development, and in working with governmental institutions in financial areas – for example, in applying for VAT.

Further information: http://www.voltin.ro/anmrf

Migrant workers

In addition to increasing labour mobility across EU borders, some Member States have actively targeted care workers from countries outside the EU, in order to reverse the current labour shortage among domestic social care workers.

Italy: Recruitment of foreign care workers

Begun in northern Italy in 2003, this project focuses on the training of migrant carers in their native countries. After completing a training and selection programme, immigrants are then invited to live and work in Italy. The project responds to the need to regulate migration flows and to equip migrant workers who wish to live in Italy with the skills required to become part of the Italian qualified care workforce. To date, these training initiatives have been run in Romania, Tunisia and Latin America.

So far, the project has encountered some demand-side difficulties in encouraging host families to employ the services of the new recruits. It would appear that families who are the potential recipients of such care regard the employment contract as being excessively protective of the care providers; some families are also wary of the cultural differences between foreign care providers and Italian care recipients. Some of these difficulties may be overcome, however, through awareness-raising campaigns. One positive outcome is the apparent advantage of training care providers in their country of origin; this enables them to adapt to some Italian customs before they arrive in Italy.

Further information: http://www.regione.veneto.it

Making care work more attractive

The length of time needed to gain recognised social care qualifications, and the perceived lack of career prospects, can reduce the attractiveness of social care employment, especially among new graduates. To address some of these issues, the Convention of Scottish Local Authorities (COSLA) developed a fast-track scheme and pay incentives to enable new graduates to train and quickly gain further qualifications, while being paid.

Scotland (the UK): Fast-track scheme and pay incentives

This pilot scheme was introduced in 2003. Due to the high response rate, the scheme was later expanded to cater for 100 places, and for 150 places in 2004.

The benefit of the scheme for local authorities is that it provides a fresh pool of high-calibre graduates moving into the social care profession. The benefit for students is that they are paid during training and are guaranteed a permanent job when they qualify. The qualification process is also much quicker than normal.

The case study highlights the fact that many graduates, from a variety of backgrounds, may be interested in moving into the social work field. By removing the disincentives of low pay levels and long qualification times, graduate interest in social work increases.

Another crucial element is the extent to which young people are prepared to work in social care, due to the substantial physical, social and emotional skills it requires. A UK initiative has been developed specifically to attract young people into the social care sector, through the use of recruitment packs offering young people a real taste of working life, as well as outlining the range of social care activities.

Wales (the UK): 'Faces of care' recruitment resource pack

'Faces of care' is a bilingual (Welsh and English) career advice pack based on the real-life experiences of people who are involved in delivering social care services. A representative group of employees, service users and carers was involved in developing the resource pack, which includes a video, CD-ROM and case studies of workers, service users and carers across Wales.

While some may view the social care sector as an unattractive choice, many choose not to follow social care as a career path because of a lack of information. In response, the Care Council for Wales decided to produce an informative and easy-to-understand recruitment pack. It is designed to be relevant to a wide variety of job seekers, including students and young people as well as employees in other sectors who are considering a career change, or those re-entering the workforce. It outlines the number and range of career opportunities available across the social care sector. The 'Faces of care' pack can also be used as a resource for employers, teachers, lecturers and career advisers.

Further information: http://www.ccwales.org.uk/careers

A number of issues need to be addressed in order to enhance the attractiveness of social care employment in all Member States. Improving pay levels is an obvious means by which to do so among existing workers, but unless such increases are significant and permanent, their impact is debatable. The challenge for policymakers is to address more entrenched aspects of social care employment that are unattractive to potential recruits, such as:

- lack of clearly defined career progression routes;
- physical and emotional strains and stresses;
- irregular working hours;
- heavy reliance on part-time and short-terms contracts;
- geographical and professional isolation.

Gender-balanced workforce

Across all Member States, the care sector workforce is predominantly female. Encouraging a more gender-balanced social care workforce could therefore increase the overall supply of workers. The challenge for policymakers and employers is to encourage more men to enter this sector. A number of government initiatives aimed at increasing the number of male workers already exist. The UK, for instance, aims to increase the proportion of male workers in childcare to 6%; in Norway the target is 20%.

Attracting more men into the workforce requires that targets be set and that awareness be raised – among potential male recruits – of the employment opportunities in social care; it also requires better pay levels and the addressing of negative perceptions of the sector. The gender imbalance in the social care workforce, and the perception that skills associated with care provision are largely restricted to women, possibly influence the pay offered by the sector. Perrons (2003) argues that because women disproportionately perform care services, and because caring skills are usually perceived as being female in nature, such services rarely receive comparable financial reward. These gender stereotype issues are most common among less-qualified workers. Better-qualified workers in organised facilities tend to reject the importance of a 'maternal instinct' (Cancedda, 2001).

Encouraging men into the workforce could lessen the perception of caring skills being inherent only in women, and as a consequence, make their monetary value more apparent. Such financial incentives would clearly increase the attractiveness of employment in social care to both men and women.

Until recently, perceptions in the UK about gender and care work were also based on the assumption that women performed most unpaid care for older people. However, Cameron and Moss (2002) discuss the use of more sophisticated data sources, which have since uncovered the fact that, while women continue to undertake the majority of informal care, men's contribution to the total volume of care is rising. This suggests that stereotypical and gendered views about caring roles are slowly beginning to change. Technological advances and the use of mobile and internet technology could also make employment in care of the elderly more appealing to male employees.

However, the process of change is likely to take time. It is unlikely that a gender-balanced social care workforce can be achieved without specifically targeted policies and initiatives. One project in Finland aims to address this particular issue.

Finland: Recruiting men in the social and health care sectors

A European Social Fund (ESF) project aims at recruiting men to study for and work in the social and health care sectors. The project is coordinated by Kotka Vocational Centre and targets young men who have finished their school education, offering them careers in the social care sector.

Another aim of the project is to coach career advisers and others working in careers counselling, to highlight opportunities in social care and to promote the sector as a viable employer of young men.

Although there are few initiatives directly aimed at attracting men into the care workforce, some initiatives do so indirectly.

Bulgaria: Assistants for independent living

The main objective of the 'Assistants for Independent Living' (AIL) service is to expand the range of life-choices available to disabled people, by providing them with financial, administrative and social assistance to hire and manage one or more assistants for independent living.

By providing part-time and flexible employment opportunities, the AIL service scheme is particularly attractive to young people, mostly university students, looking for additional sources of funding to cover their day-to-day living and educational expenses. AIL users prefer physically fit male assistants who can help them overcome barriers in the context of a highly inaccessible physical environment. The AIL scheme thus attracts workers who would otherwise be excluded from the social assistance domain – young, often well educated and open-minded male workers.

Further information: http://www.cil-bg.org

The high proportion of women in the European social care workforce points to a need for the development of further polices, at national and EU level, aimed specifically at attracting more men. However, supply-side policy measures cannot be developed in isolation. A further consideration is the need to address the increased demand for home care services created by the higher workforce

participation rates among women. Flexible employment policies aimed at ensuring that both men and women can achieve an earner/carer work–life balance would help alleviate some of these increasing demands.

Ensuring better working conditions for care workers

One of the dilemmas of the care sector is that there is intense competition for staff already working in social care. This creates a barrier preventing an expansion of the labour supply, and it is clear that workforce mobility is often restricted to the social care sector, whether it is between public and private providers or between elderly and disabled care. Rates of turnover in the social care sector are also high. In Germany, 80% of those employed in the social care sector leave their job within five years. Despite these problems, the sector is still seen as a key area for employment growth over the next 20 years.

Initiatives to prolong careers in care

Although in general terms the EU's social care workforce is ageing, the age profile of workers across areas of social care varies greatly. In childcare for example, workers in daycare centres and nurseries tend to be younger and are on average better qualified. On the other hand, nannies and childminders tend to be older, less qualified individuals – often women returning to work. While the age structure of the social care workforce varies between areas of care provision, as well as across Member States, a common finding is that those areas of care provision that are associated with higher qualificiations, tend to have more young people employed.

As well as ensuring that sufficient numbers of young people enter into social care employment, it is also important that efforts are made to encourage enough older, more experienced workers to remain in employment for longer. The rate of early retirement associated with stress or burnout among social care employees is reported to be relatively high in most Member States. A study undertaken in Germany found that carers of the elderly suffer from a considerably higher number of psychosomatic complaints than the average working population – roughly 44% above the average. The study identified that carers of the elderly suffer from particularly high workloads and a lot of time pressure. More than half of the carers surveyed said that they suffered, to a greater or lesser degree, from tired legs, stress and fatigue.

Cancedda (2001) outlines the stresses endured by social care workers: among hands-on care providers they include physical and psychological stresses; among employees in senior posts they include stresses related to managing the interface between clients, the organisation, and government bureaucracy. Many care workers also encounter social, geographical and professional isolation.

Increasing the well-being of care providers and care sector employees may reduce the rate at which individuals leave the sector due to stress. The Kaiku project in Finland has adopted a proactive approach. The initiative addresses older carers' concerns about their working conditions and looks at ways to resolve any issues relating to poor working conditions; this way, it is expected, the employment retention rates of older workers will improve.

Finland: Promoting well-being at work in the state sector

The Kaiku programme, developed by the State Treasury in Finland, aims to prevent early retirement and to keep the state's employees at work for longer. It includes occupational well-being programmes offered to ageing employees, and innovative measures aimed at preventing burnout and other work-related illnesses. The Kaiku programme has created a network of occupational health experts throughout the state sector. Network building with other relevant actors in the workplaces is strongly encouraged. The programme provides services such as training, consultation and information, as well as funding for research and development of good practices.

According to State Treasury statistics, almost half of the state's employees will retire within the next 10 years. Finland is faced with a challenging new situation – mirrored throughout the EU – where more people will retire from the social care sector than are being replaced. It is expected that the Kaiku programme will delay the anticipated labour supply crisis by lengthening the active working years of people in the social care sector.

Further information: http://www.valtiokonttori.fi/vakuutus/tyonantajat/tyohyvinvointi/

The following case study from Bulgaria provides a good example of how the problem of high staff turnover and low job satisfaction can be addressed through the improvement of working conditions. This is especially relevant in the NMS and acceding countries, where the last 15 years have seen major changes in the professional expectations of social workers, making them extremely vulnerable to work-related stress.

Bulgaria: Reform in a residential institution

At the Assen Zlatarov Children's Home, regular training and a number of other human resource management measures were implemented in order to retain personnel and to enhance their motivation. Different opportunities for joint outdoor activities were organised to raise team spirit and build morale. A comprehensive system for the qualification of personnel was introduced and since then, staff members' performance at work has been assessed bi-annually and additional financial incentives provided accordingly.

A system of professional support, incorporating individual supervision and regular group sharing of information on difficult cases, was also introduced to help professionals cope with the higher professional and emotional demands of the new approach. Most importantly, a management structure was developed and specific management responsibilities were assigned at different levels (coordinators, team leaders, etc); these have provided employees with opportunities develop professionally. As a result of these measures, staff turnover has been reduced to a minimum and, since 2000, no employee has left the organisation.

Further information: http://www.stepbystepbg.com

Retaining the experience and expertise of older social care workers is an essential element of maintaining high quality standards in care provision. Both objectives are closely linked with the need to address working conditions and to make social care employment more attractive to all employees.

Employee satisfaction

One of the main factors influencing labour supply and retention in the care sector, across all Member Sates, is working conditions within the sector – both real and perceived. The question of

what constitutes good working conditions in the care sector is a crucial one: focusing on employees' preferences is one way of addressing this question. The following case study outlines the results of an employee satisfaction survey focusing on different aspects of working conditions.

Romania: Employee satisfaction

Caritas home care services in Romania is a national network employing over 500 people (including volunteers) and assisting over 11,000 clients. A survey was conducted to measure the level of employee satisfaction with working conditions.

Although salaries are about the same as elsewhere in the Romanian health system, 80%–90% of Caritas workers feel very appreciated by clients and their families. Despite certain difficulties, over 50% of respondents consider Caritas to be a satisfying place to work. A lack of financial resources means that wages are at a level that makes it difficult to hire experienced staff, but the programme compensates for this by developing on-the-job training. Payment and working conditions are a problem, but Caritas motivates its personnel through a number of non-financial incentives, including training, exchanges and the free use of cars.

The majority of staff appreciate the freedom to organise their own time and working methods, as well as the range and means of delivery of services. Over 50% of respondents expressed satisfaction with how the centre is equipped; just over 28% reported job satisfaction superior to other settings.

Although 93.3% of the surveyed staff were conscious of managerial support, only 56.7% said that their expectations were entirely met. This is mostly due to the fact that work was perceived to be professionally demanding (60%), physically demanding (73.4%), and psychologically demanding (76.6%). Some complained about the low recognition of their work in the community (30%); others see no future in the job (41.7%), while some others feel that they spend too much time on the job (35%).

Due to the organisation's international links, especially the constant support of the International Caritas Federation (with its centre in Freiburg, Germany), the training of the workforce and the standards of service delivery are at a European level. Occupational standards are on a par with Germany and other western European countries.

Further information: http://www.caritas.org.ro/

Carers' salaries rarely go above the minimum wage, despite the attributes and skills required for the job (Perrons, 2003). This contributes to the poor image of the care sector. Baldock (1997), however, questions the degree to which pay levels influence the attractiveness of employment in the care sector. Although it is likely that pay increases will encourage those already employed in the sector to remain in social care employment, pay levels may not have much influence on those who find the nature of social care work unappealing. The real issue is that many seem to perceive care work as essentially unattractive. Thus, the major task to be performed is changing the mindset of those who typically view care in a derogatory light.

In Hungary, low wages and status characterise the social services sector, as in other countries. According to national practitioners, care workers' living standards are only slightly higher than those of care recipients. Sound management of human resources is one of the main challenges for managers in the social care sector. Motivated employees, good working conditions, interesting jobs and status in society can help raise effectiveness. A social enterprise structured in a more market-oriented way could be an effective and flexible way of enhancing management and of motivating employees.

Hungary: Towards a social enterprise

In the city of Szombathely, an initiative was introduced to help improve the working conditions of a team of care workers. One of the first steps involved the removal of strict job descriptions. A rotating system was instead introduced and job descriptions were broadened, so that everyone could participate in different projects and at the same time learn management techniques. This way, the effects of burnout were markedly reduced.

Moreover, through successful project tenders and with the emphasis on sustainability, salaries are now 50% higher than average. As well as occupational benefits, bonuses are paid twice a year to the employees. Frequent training opportunities and higher educational training are provided. Language courses make the working environment more interesting. Since the establishment became a field placement of the Faculty of Social Work of the University of Pécs, the international relationship and expert network became an important factor in increasing workers' motivation. In the last two years, international students of social work were welcomed from Spain, Belgium, Finland, the UK and Germany. This international flavour adds to the attractiveness of the service environment, both for workers and for care recipients.

Further information: http://www.rehab-team.hu

Such an approach is usually not available to state-run institutions, since financial revenues and public practices do not support market-oriented practices. A private social enterprise may therefore need to be set up, to permit greater experimentation with this approach. Giving more responsibility to social care workers can help increase their motivation; introducing healthy competition in the social services sector could lead to greater effectiveness and, as is shown in the previous case study, to better working conditions.

Escobedo et al (2002) suggest that the most important aspects of working conditions for carers are working hours, employment status and pay. The results of their studies concur with this study, with some of the main findings indicating that:

- levels of part-time employment are higher for all carers than for total employment in each country – at least partly reflective of the higher proportions of female workers;
- few workers in the care, nursing and teaching occupational groups are self-employed;
- workers in the personal care and social work association categories are generally more likely to have temporary employment than other workers;
- 'personal care' workers earn less than other comparable occupational groups (van Ewijk et al, 2002).

The case studies described above also highlight the fact that despite low wages, employees can experience high satisfaction in their work if:

- positive feedback is received from, and a good relationship is maintained with, the care recipients and their families;
- they feel appreciated and valued by the public and the wider community;
- they experience professional security and independence in organising their work, having a say in methodological questions and in designing the services provided;
- they have the opportunity to work independently, and have greater professional responsibilities;

- possibilities exist to work as part of a professional team;
- opportunities arise for further/continuous education.

Training and supervision

Training, further educational opportunities and good professional supervision directly influence the occupational well-being of care staff. In Germany, levels of training for those working in the care sector have increased over the last decade: almost half of those employed have received some form of training, mainly through the provision of initial and continuing training programmes. Nonetheless, 28% of those working in the field lack any form of qualification. Germany operates a national training and retraining policy aimed at different elements of the health and social care sector, one designed to increase the potential mobility of the workforce.

Germany: Retraining carers of the elderly

From 2000 to 2003, some 36,814 people were trained and retrained as carers of the elderly, through a programme funded by the Federal Agency of Employment (*Bundesagentur für Arbeit*). Initial training could be completed within a year, or within three years if the trainee was working. Promoting vocational training and retraining is a core task of labour market policy, and is aimed at 'enabling the employed to adapt to the economic and technical change and the requirements of qualification'. This in turn helps to prevent unemployment and labour shortages.

Support for employee participation in retraining schemes is only possible if the measure is formally approved by the employment office and if the implementation of the retraining measures differs from each region in Germany. Since August 2003, however, there has been nationwide regulation of qualification according to the Code of Care for the Elderly *(Altenpflegegesetz)*. Such a broadly recognised regulation increases the mobility of the workforce and introduces a degree of uniformity into the financing of qualification procedures.

Further information: http://www.arbeitsagentur.de

Providing professional development services and support for social workers has a decisive influence on labour supply. Training, individual and group supervision, and intervision (a group process of sharing professional experience and receiving feedback from group members with the help of an experienced facilitator) all help to alleviate work-related stress. Providing professionals with support services reduces staff turnover due to burnout and other negative experiences of difficult job situations.

In the past 15 years, social policy in the NMS and acceding countries has undergone a significant shift towards adopting new approaches in social work and, more generally, towards accepting a new philosophy of social assistance. As a consequence, a huge gap has emerged in the expertise of a great number of social workers, especially those working in the public sector. This has required a significant investment in training to assist these employees in adopting alternative methods of social work, to enable the reforms to be implemented and to minimise motivation problems, occupational dissatisfaction and the loss of experienced workers.

The introduction of a new social work methodology, and of new social services, has resulted in substantial occupational stress for those social workers who found themselves without professional support in the midst of profound change. Such change has challenged both the old practices of

social work and the ingrained attitudes underpinning those practices; care recipients were disempowered by being treated as passive recipients of social assistance – in most cases, by being given financial benefits, or through institutionalisation.

The transition from an institutionalised care model to community-based social work requires the development of reliable professional support structures; among social workers, there is a growing demand for professional development and cooperation. Such support alleviates work-related stress and minimises burnout. As the following case study shows, it can also enhance motivation, mutual learning and professional development, and improve the quality of the social work performed.

Bulgaria: Helping the helpers

The 'Helping the helpers' project is a recent initiative of the Social Activities and Practices Institute (SAPI), which focuses on training, individual and group supervision, intervision and other forms of professional support for social workers who specialise in childcare and the protection of children's rights.

The goal of the programme is to support 'helping professionals' from all over Bulgaria to adopt the new concepts of social inclusion of vulnerable children and young people. Its implementation helps to alleviate work-related stress, burnout and motivation problems among social care workers. SAPI runs the programme in close cooperation with key government structures in the social area – the Ministry of Labour and Social Policy, the Social Assistance Agency, and the State Agency for Child Protection.

At the end of the project, a national conference will be held to enable people to share their experiences; a handbook will also be issued. SAPI plans to ensure the sustainability of the project results by developing a model for the nationwide supervision of social workers.

Further information: www.sapibg.org

In the Czech Republic, applied research and postgraduate education as a whole has developed significantly since the fall of communism. However, it has not been as visible in the social care field.

Czech Republic: Social care education

Introduced by the Czech Catholic Charity, a voluntary social and health care provider, this initiative aims to provide further educational opportunities to new and existing workers in the social care field, aiming to prepare them for changing labour market needs. Around 130 students are enrolled in the programme at the Faculty of Humanities at Charles University in Prague and approximately 20 students graduate every year.

The end result of the project is a higher quality work force in the social care field; this leads to a better quality of care and an improved perception of the profession of social work. New labour partnerships have also developed between students and employers (service providers, public authority bodies, private consultancy companies) through their involvement in the educational and research process.

Further information: http://www.fhs.cuni.cz

In Lithuania, training of social workers started as late as 1994, when most providers of social services were non-professionals in the field (although they had expertise in other areas – for instance, as economists, engineers or teachers). Until then, the general societal belief was that social assistance could be provided by compassionate individuals willing to do such work. The

prevailing opinion that a professional approach was not needed had a negative impact on the image of those employed in social services. Furthermore, employees admitted that they lacked specific skills and expertise.

Lithuania: On-the-job training

The Ministry of Social Security and Labour introduced training for social work employees – in accordance with specially approved programmes – and the accreditation of such employees as qualified social workers. Over a period of three years, the courses were completed by the majority of employees engaged in social care work, numbering over 3,000 workers.

Social care workers in both private and public institutions, as well as in NGO social service institutions, could qualify for training and preliminary certification. Once they had finished training, all non-professional employees performing social care work could undergo the accreditation process and be awarded a qualification in a particular category. They were then recognised as care workers for a period of five years, despite having no previous education in the field; however, unless they continued their training and obtained diplomas as social workers, they could only work as assistants. To allow them to continue their training, such individuals were given time to study and obtain a diploma within five years. Many universities conduct professional study programmes for persons with university degrees in other fields – those students can acquire a professional social work qualification in 18 months to two years.

Further information: http://www.sdrc.lt

This programme is a good example of addressing the problem of the social work profession as a whole in the NMS and acceding countries. As the very existence of social problems was denied in the communist era, there was no training for social workers. However, university-level training has ensured the gradual solidification of social workers as a professional group, and has enabled non-professionals to obtain social work diplomas by combining work with their studies.

The Lithuanian programme is also unique in the way it consolidated social workers into a unified professional group, covering both professional social workers and experienced, but unqualified employees. This strengthened the position of social care workers in relation to other professional groups, and improved the image of the profession. In addition, the programme increased public awareness of the need for professional qualifications and compassion in the provision of social services.

Improving geographical and occupational mobility

The neoclassical economic theory of labour suggests that differences in labour demand and supply can be largely overcome through the migration of labour from areas of high supply and low demand to areas of low supply and high demand, with wage differentials acting as the main catalyst for such movement. However, in practice, the mobility of workers either across or between geographical areas, or between occupational spheres, is often less fluid than such theory would suggest.

Cultural differences, skill mismatches and family ties are some examples of barriers that restrict perfect fluidity of labour mobility. These restrictions appear to be particularly apparent across the EU where the general workforce is characterised by low levels of geographical mobility. Comparisons between the EU and the USA reveal that the labour mobility rate across the EU is approximately half that of the USA.

The relatively low mobility of the social care workforce across the EU is not surprising, given that labour demand generally exceeds labour supply in most Member States. Encouraging labour movement in the social care sector may therefore only be possible through the implementation of targeted initiatives and policies.

Some examples of initiatives aimed at improving labour mobility can be found in a number of Member States. The UK government, for example, has in recent years attempted to reduce pressures on the National Health Service (NHS) by either importing health teams from the EU or transferring patients to other Member States for treatment. Such measures, however, may not lend themselves as conveniently to the social care sector as they do to the health sector. Nevertheless, initiatives to encourage further labour movement across Member States may be feasible in situations similar to that outlined by Hansen (2002), where there is an oversupply of social workers in some Member States such as Germany: such an oversupply could be mobilised to target specifically underresourced EU regions.

The solution, in particular for home care services, would appear to be more complex than merely encouraging a net inward flow of care workers to those Member States experiencing social care labour shortages. Matching demand and supply in care services requires more than simply aligning numbers, and requires matching the most appropriate care providers to care recipients.

Italy: Family Counter project

The Family Counter project is an initiative, still in its experimental phase, which matches immigrants entering social care employment in Italy with families who have care needs. Carers are directly selected by a private employment agency, (*PrivatAssistenza*, licensed by the Ministry of Labour) and are introduced to the families. The agency also acts as a training body and a mediator in the working relationship between care givers and host families. The project aims to alleviate supply and demand pressures in home care provision and to act as a broker in placing suitable migrant carers in Italian families. The agency finds alternative care employment opportunities for individuals once a contract finishes and simplifies the contract process to ensure that workers have a seamless link between short-term jobs.

Further information: http://www.privatassistenza.it

While such initiatives can increase the supply of care workers in individual Member States, there are concerns that such targeted recruitment methods can potentially deplete the nation of origin of their social care workforce, so transferring the labour shortage from the host country to the country of origin. Other concerns relate to the fact that migrant populations entering employment are often vulnerable to discrimination. A high proportion of migrant carers are women and are generally without qualifications or experience in the care sector. Although some of the women are highly educated, having trained as nurses, doctors, midwives or teachers in their home countries, they often struggle to get their qualifications recognised outside their native country.

Migrant workers are important for developing new labour resources within the care sector. However, an important issue that is often overlooked is that migrant population groups will themselves create significant demand for care services, which may be best supplied by carers from their own ethnic group. This relates particularly to children and also the elderly (who may have problems coping with the demands of growing old in a relatively alien environment) (van Ewijk et al, 2002).

Although it is clear that issues do surround the use of migrant workers in the EU, there is potential for this minority group to work effectively in the social care sector. Greece has been particularly proactive in this respect by attempting to integrate immigrants into the working environment.

Greece: Language courses for repatriated Greeks, immigrants and refugees

This language training initiative was introduced by the Greek Ministry of Labour, following recommendations from a number of NGOs, which observed that many highly skilled migrant professionals cannot speak Greek. With appropriate language training, these carers are now able to work effectively in the formal social care sector.

The Greek social care sector comprises a large proportion of immigrants, refugees and repatriated Greeks, who have appropriate care qualifications in their country of origin that are not recognised in Greece. The provision of language training, along with financial incentives, can enable such individuals to move from undeclared work into declared work.

In addition to labour mobility across countries, it is also important to consider labour mobility within the sector itself, to address particular labour supply shortfalls in specific areas of care provision – in particular, care for the elderly. The ageing population is itself also likely to place further demand pressures on elderly care services.

As highlighted by Gore and Yeandle (2003), demand for care is inherently fragmented: the need for care provision is not constant over time. A number of models of care have been proposed to effectively manage this volatility, such as: a 'jigsaw' approach where care is provided by several care givers; the expansion of the carer role to encompass other key domestic tasks that support the person in need; or the fitting together of 'portfolio' jobs where the carer performs a different range of support tasks for different clients (Gore and Yeandle, 2003).

Labour supply in the sector can only be ensured by encouraging sufficient numbers of more experienced workers to remain in employment. Improved working conditions, good job security, sufficient remuneration and the facilitation of mobility all add to the likelihood of retaining experienced workers in the sector.

From informal to formal care

Clearly, family and kinship care are key contributors to social care supply. Another significant source comes from the 'grey economy'. Good practice initiatives include measures that acknowledge the importance of, and provide support to, informal carers, as well as programmes that formalise and legalise existing care activities.

Acknowledging and supporting informal care

Throughout the EU, the family remains the main provider of care for older citizens: approximately 66% of their care comes from family members, compared with only 13% from public social services, 11% from private services and 3% from volunteers (Walker, 1995). One of the key reasons for female non-participation in the labour market is family or home care responsibilities. While care provided by families is obviously an important and cost-effective source of labour for the care sector, there is evidence to suggest that this vital contribution to society is not truly appreciated. Glendinning et al (1997) found that, beyond the small payments provided by the state and the

'patchy and ambiguous' attempts at respite service, the method by which the family role in care is promoted is 'far from clear'. Beresford and Trevillion (1995) concluded that family carers can be disadvantaged in a number of ways, including high levels of stress, financial problems and social isolation.

The European Commission acknowledges that, in some countries, family care is still the most fundamental form of care; however, this puts the main burden of long-term care on families, while public assistance intervenes only if the families are no longer capable of providing it (see *Health care and care for the elderly: Supporting national strategies for ensuring a high level of social protection*, EC 2001).

This interplay between formal and informal care is an issue taken up by Anderson (2003), who argues that the division of labour within households needs to be rethought. To be sustainable, care systems need to understand how formal services can more effectively support and strengthen family and informal care. There is a need to provide informal carers with enough flexibility to allow them to undertake paid employment in other parts of the labour market. Time can be as important as financial compensation (Daly, 2002) and, clearly with ongoing budgetary restrictions, any incentive other than money can be considered a positive alternative.

A comparative study (Rostgaard, 2002) found that most of the European countries researched understood the invaluable contribution of carers to society and the need to provide respite care to ease the burden of care work. Respite can be defined as a service that 'gives the carer a break from the responsibility of supervising or caring for the relevant person by providing a service to that person'. Informal carers are often overwhelmed by responsibilities and demands; respite is therefore very important in the EU care sector, as it enables informal carers to continue their work while receiving recognition for it. Without the continuing work of informal carers, many care recipients would face institutionalisation, increasing the burden on the EU care sector with its labour shortages. In this context, respite for informal carers is acknowledged as an important part of public services in many countries. The necessity of caring for the carers is also becoming increasingly recognised in the NMS.

Czech Republic: Supporting informal carers

A care provider recognised the tremendous responsibility faced by the parents of children with disabilities. To ease this responsibility, it offers more than 20 weekly respite care rounds a year to a whole variety of clients, such as wheelchair users, children with learning disabilities and the mentally handicapped. Respite care consists of accommodation, the provision of food, help with hygiene and rehabilitation. Since the beginning of the initiative, more than 900 children have received respite care.

The main outcome of the care is the relief it provides to the family carer and the support it gives to the family. Respite care also reduces the risk of users becoming institutionalised and it promotes their social inclusion by strengthening their adaptability and self-sufficiency. The project leads to a diminishing demand for labour because of the support it gives to informal care mechanisms.

Further information: http://www.boruvka-borovany.cz http://www.pomoztedetem.cz

Carers often find it difficult to take a break from their caring roles, as they no longer feel in control of what happens to the care recipient. They may also be concerned about the quality of care being

delivered. Member States have been moving towards more flexible approaches to respite provision; many of these initiatives are proving successful. New forms of respite provision are aimed at providing services that are based on the actual needs of the carer and care recipient.

UK: Flexible respite services

In 1999, a Carers' Special Grant, totalling £140m (about €196m) over three years, was announced at the launch of the government's National Strategy 'Caring about Carers'. This was the first time that funding had been directly allocated to services for carers, although it wasn't specifically aimed at respite service provision.

Under this scheme, local councils have the power to issue vouchers so that carers, service users and those with parental responsibility for disabled children can have short-term breaks. Vouchers entitle service users and their carers to alternative, direct provision of services or direct payments. The person who receives the voucher can agree details about the provision of services directly with the service provider. This flexible approach is supported by the involvement of the voluntary organisation 'Crossroads', a service that provides respite to carers. The organisation tailors the service to meet the individual needs of each carer and care recipient. During 2002–2003, Crossroads provided 4,227,791 hours of care to 32,489 carers and their families.

Formalising undeclared care work

In recent decades, traditional unpaid work – including the care most commonly carried out in the home by women – has increasingly become transformed into paid employment, enabling more women to become economically active. As a result, a number of women entering the labour market for the first time have gravitated towards employment in social care. This trend has had some influence on the overall supply and gender balance of workers in the sector. Nonetheless, the majority of women, previously economically inactive due to informal care duties and now entering or re-entering the labour market, are likely to gain employment in sectors unrelated to social care. The end result of increasing female participation in the labour market has been a net reduction in the levels of informal care provided by family members for their relatives and a net increase in demand for formal home care services.

A solution to the shortfall in informal home care provision should not, from an economic perspective, be to discourage individuals from becoming economically active. Evandrou and Glaser (2003) outline how those individuals who are economically inactive due to care responsibilities lose out twice – first, in terms of losing out on current income opportunities and second, in terms of a smaller future pension income due to a lack of current pension contributions. Indeed, economic development policies increasingly pursue opportunities to increase economic activity rates. Ensuring adequate care provision to enable individuals, particularly women, to release themselves from domestic care responsibilities in order to become economically active would appear to be an essential requirement of such policies.

The importance of informal care is being increasingly recognised in Finland – which has about 300,000 family carer providers – both in terms of promoting it as a positive force in civil society and highlighting the financial benefits it brings to the state. It also supports Finland's strategy of attempting to deal with labour supply problems, through measures supporting outpatient services and preventive care.

Finland: Association of Caregiving Relatives and Friends

The Association of Caregiving Relatives and Friends aims to improve and strengthen family carers' position in society. The association has been successful in pushing for legislative benefits for family carers and making their work visible. It is also involved in various research and development projects. One project deals with the reconciliation between paid employment and family caregiving. The project aims to identify good practices that support family caregivers who also work outside the home. Its goals are focused at both national and local level – for example, influencing the legislation and collective labour contracts in cooperation with the Ministry of Social Affairs and Health, the social partners and local municipalities.

Currently, about 23,000 family care providers receive a Home Care Allowance from their local municipality. The allowance can be granted in the form of money, services or a combination of both. The minimum care fee is about €250 per month and the rate depends on the time and the extent of the assistance required. In 2002, an Act was enforced, obliging municipalities to give round-the-clock family carers two free days a month. The municipality must provide substitute care during this leave but can charge a fee for it.

It is widely accepted that for each family, an individually tailored support system is needed to secure a well-balanced everyday life. In order to meet this requirement, the municipalities have to create various kinds of care systems depending on their resources and demands. The Finnish Association of Caregiving has become an increasingly important player in this field.

Further information: http://www.omaishoitajat.com/english_info.html

An initiative in Greece highlights the importance of volunteer work and the ways in which its contribution could also be more formally recognised in the future.

Greece: Volunteer support for cancer patients and their carers

This initiative offers support to cancer patients and their informal carers through volunteer services provided by people who have survived cancer. It has proven an effective means of support in the absence of psycho-social institutionalised support, in a country that has very few services in place for the care of cancer patients. At the same time, it presents opportunities for developing a more professional force of volunteers that can effectively provide care.

The Volunteers Association of Piraeus against Cancer was founded in 1976 and has around 900 members. It provides support to informal carers and also aims to develop patient services. The Hellenic Association of Women with Breast Cancer was founded in 1998 and has 900 members, including 50 volunteers, one social worker, a psychologist, a speech therapist and two administrative assistants. The association works in close cooperation with all hospitals in the city of Athens and Patras. After a woman undergoes surgery, the hospital notifies the association, which either sends a member to the hospital or the patient's home, to offer support directly to the patient and indirectly to family members and carers. The volunteers are all survivors of breast cancer who have been trained to give support to other women with breast cancer. Their training lasts twelve weeks; they are paid for travel expenses only.

The use of volunteers who share similar experiences with the care recipients has proved worthwhile, particularly in the absence of formal social care services. A possible policy directive might be to develop schemes that formally recognise their volunteer experience, giving them the opportunity to become paid employees.

Another issue regarding informal care concerns the number of migrants working in the EU social care sector. Only a small number of these social carer workers are paid formally and receive social security benefits. Many engage in undeclared care work in the 'black market' and struggle to get work permits. Recognising relevant qualifications held by migrants from other countries would almost certainly reduce the extent to which many migrant workers are driven towards undeclared work.

In Italy, a high profile legalisation campaign carried out by the government in 2002–2003 identified 341,000 undeclared foreign immigrants working in the domestic services sector (Caritas/Migrantes, 2003). A further estimated 500,000 domestic helpers (*badanti*) work in Italy, providing support to dependants and their families (Socci et al, 2003; Colombo, 2003). Their presence enables many families at all socioeconomic levels to care for their elderly relatives, often substituting for the role traditionally played by wives and daughters (Lamura et al, 2002). Undeclared domestic help is also prevalent in Germany, where an estimated three million domestic helpers work in the black economy.[2] Whatever its exact size, the informal economy clearly has a significant impact on the EU economy.

Of course, not only immigrant workers are employed in undeclared work in the sector. The very nature of care work makes it relatively simple for individuals to carry out care work, possibly in addition to another full-time occupation, and receive payment in cash.

The rise in undeclared work poses a major threat to achieving higher standards of care provision within the formal sector and to securing improvements in job quality (Gore and Yeandle, 2003). It also creates difficulties in identifying the characteristics of a significant proportion of the social care workforce and prevents them from exploiting the benefits of declared care, such as access to appropriate employee rights and protection, as well as job-related training and career progression opportunities. In Italy, action has been taken to combat the high levels of undeclared work and to improve the conditions for those working within the 'black market' of the care industry.

Italy: The SerDom project

Run by the city of Modena (Emilia-Romagna, central Italy), this project aims to promote and regulate work in private home care services; to develop and improve the quality of labour supply in the care sector; and to reconcile demand for and supply of care work.

One of the core aspects of the project is that it administers municipal care allowances, only on condition that the family actually hires an accredited care provider by means of a regular employment contract or by signing a regular contract with an accredited care service organisation.

The project also aims to create new employment opportunities in the eldercare sector and to develop an integrated network of services made up of the public sector, the accredited private sector and the third sector. The project operates through three main areas of intervention: training of care providers; widespread adoption of formal employment contracts; and the creation of further employment and intermediation opportunities.

Further information: http://www.euro-pa.it/premi03/a1.htm

[2] *Tagesspiegel*, 7 January 2004.

In Greece, a large number of Philippine women work as carers with the hope that they will earn enough money to feed, clothe and educate their families, who continue to live in the Philippines. According to the Director of The Philippine Workers Organisation in Greece (KASAPI), their members are often exploited. Of course, while many migrant carers are performing undeclared work, their contribution to society is highly valuable. In 1991, Italy invited 22,000 new migrant workers to take up work permits on the understanding that they would be restricted to working in the niche role of resident care work for two years (Colombo, 2003). At the same time, these new immigrants were guaranteed work for two years – promoting continuity and a less disjointed care service for Italian care recipients, as well as guaranteeing the work rights of the immigrants.

In the 1990s, the French government identified the care services sector as being a major potential source of employment. At the same time, it was recognised that the level of undeclared work in the domestic care services sector was a key problem.

France: *Chèque emploi-service* (CES)

Under the CES scheme, private households were encouraged to declare their directly employed care workers, enabling the household to benefit from a series of tax rebates. In exchange, they had to abide by the rules of the collective agreements for domestic workers and pay their staff the national minimum wage plus a 10% allowance for paid holidays.

By 1998, no less than 1,200,000 French households had employed a domestic care worker on a formal basis, as against just 500,000 before the creation of the CES scheme. Although part of this increase could be due to the increase in care needs and to the reduction in the cost of employing a care worker (through tax reductions and exemptions from employer contributions for certain categories of care recipients), most commentators agree that a significant proportion of the 'new' jobs created stem from the 'formalisation' of previously undeclared labour in the sector (Dares, 1995).

Further information: http://www.fepem.fr

From 1 August 2005, similar initiatives were planned for Hungary, following a government decision to enable more people to work legally – particularly informal helpers in the home. Babysitters, other carers, gardeners and cleaners are now encouraged to use the so-called 'blue book' to be registered as part-time workers in all instances of a one-day contract. The new initiative aims at ensuring a more secure and controlled system of informal care, providing insurance to care providers and making the use of these types of services both legal and worthwhile. The state can profit by gaining more revenue, and all parties are given a more visible and accountable system – in principle at least. Difficulties can arise of course due to the different status of those employed this way; in many instances, they are not allowed to work as they may be in receipt of sickness benefit, invalid pension etc. But for many people, it still seems to be a reasonable option.

In Finland, a tax deduction system was introduced with the combined aims of increasing the employment rate in the social care sector, preparing for the ageing population in Finland, and decreasing unregistered work.

Finland: Household help services and domestic help credit

Domestic help credit is a tax deduction system whereby a customer pays for services, such as cleaning, repair work or caring for an aged person or child, which are carried out in the customer's own home. The private customer can then deduct 60% of the tax on the services. One of the aims of the tax benefit is to help balance work–life demands, since in most Finnish families both partners are employed outside the home. Women are generally engaged in full-time employment with challenging career paths, even when the children are young.

In 2004, altogether 155,802 households used the domestic help credit system, that is, 6.6% of all households. 73% of the households purchased repair work, and 25% purchased cleaning services. Of the households applying the deduction, only 4% purchased adult care services or childcare services, and around 3% purchased gardening services. The recently introduced possibility of buying services for parents and grandparents was used by only 2% of the households applying for the tax deduction. The number of households that took advantage of the tax benefit has more than doubled between 2001 and 2004, and the value of the services bought has grown by nearly five-fold. It is estimated that the use of tax deduction will increase in the coming years.

This development has reduced the level of unregistered work in the area, which was one its main aims. The amount of work that was performed using the tax deduction system during the year 2004 corresponds to approximately 10,000 man-years (about 12,100 new jobs). In 2003, the corresponding figures were 5,400–6,700 man-years (about 8,000 new jobs).

The tax benefit system has become quite popular in Finland. As a result, the private sector is growing, with new kinds of service providers developing care services for both private households and business customers. An innovation in this area is that businesses can purchase services for their employees as a bonus to their salary. The services mostly bought by businesses are cleaning and childcare.

One of the new companies providing services for both private households and businesses is Kodinavux, which is a leading company in the field and has operated since 1998. Kodinavux has established several contracts with business companies, which offer childcare for their employees in circumstances such as the sudden illness of a child. The service is free for the employee and a tax-deductible expense for the employer. It is estimated that this type of bonus will become more common in the future. The tax deduction system in Finland has proved to be a successful social innovation benefiting both individual families as well as employers.

Further information: http://www.kodinavux.fi/

Another way of formalising existing care activities is to equip informal carers with relevant training and qualifications. Slovenia has established a system of training the family members of adults with mental or/and physical disabilities. These family assistants are officially employed and receive a salary.

Slovenia: Training programme for family assistants

According to Slovenian legislation, adults with a mental or/and physical disability, who need help in performing their daily activities, are entitled to a family assistant. To ensure quality of care, family assistants are required to complete compulsory on-the-job training to gain the knowledge and skills required to work in this sector. Training is organised and carried out four times a year by the Social Chamber of Slovenia.

Currently, 877 people work as family assistants, all of whom are family members of the users; the legislation insists that the user and family assistant must be related and have the same permanent residential address. The majority (77%) of assistants are women and only 23% are men. Family assistants have very different levels of formal education and the majority have no

background in social or care work; training is both necessary and must be structured in such a way that trainees from different backgrounds can benefit from it.

The demand for assistants is quite high and still growing because it is a novelty and very broadly defined; in the future it is likely that more people will be employed in this area. Salaries for family assistants are provided by the local communities, which is quite a burden for the smaller municipalities.

Further information: http://www.soczbor-sl.si/

The potential conflict or blurring between traditionally formal and informal types of care has been highlighted by the increased financial support given to care recipients or care providers in certain countries (Pacolet et al, 1999). As van Ewijk et al (2002) indicate, this development in paid care work has created a new group of paid workers, consisting of relatives or friends who might previously have undertaken care work without pay. While payment is viewed as empowering the care recipients, increasing their range of choices and validating their caring work, remuneration is also considered as having a downside: women carers may be exploited in an unregulated labour market and gender division may be reinforced. These positive and negative effects are obviously dependent on the amount of remuneration, which in most cases is still relatively low.

The job-creation potential of social care services partly depends on the extent to which caring activities, traditionally provided within the framework of the family unit, are 'externalised'. An expanded role for the third sector, ie all non-profit organisations and socially driven cooperatives, is viewed as a promising source of new jobs in the coming years. Neighbourhood and social care services are one of the areas with the greatest potential for job creation, in terms of both services contracted out by government agencies and a market of private users. The third sector has the capacity to identify and develop demand at local level and to deliver the services required in a way that is tailored to the care needs of the community.

Ultimately, the move from informal to more formalised care carries greater job creation potential and can make the lives of family carers much easier.

Quality assurance and standards

The introduction of quality measurement systems across the care sector can have many positive effects. From the user's perspective, an independent classification system can empower clients to find the service that best suits their needs and gives them more confidence in using the social care system. From the care worker's perspective, quality measurements and comparison with other providers creates an atmosphere of competition, challenging old-fashioned, routine services and encouraging innovation. Raising the quality of the service and providing more user-friendly, consumer-focused services helps care workers to remain in employment. This is particularly important in urban areas where employment opportunities are plentiful and staff turnover is high.

Wales (UK): The Care Council for Wales

The Care Council for Wales was established as the first regulatory body for social care workers in Wales. The role of the Care Council is to promote high standards of conduct and practice among social care workers and in their training. It works in partnership with various actors in the social care sector, including employers, service users, carers and the government. This enables employers and service users to drive the development of the social care sector and, in turn, ensure that the skills attained by carers reflect the demands of the care recipients and employers.

In conjunction with the other regulatory councils in England, Scotland and Northern Ireland, the Care Council has produced codes of practice for social care workers and their employers. These codes are a crucial element of the raising of standards in social care, setting out commonly agreed standards of conduct that people can expect from social care workers and their employers. The Care Council has distributed over 40,000 copies of the codes, which employers use in staff handbooks and as part of their recruitment processes.

Another significant part of the Care Council's work is the registration of those working in social care. This is seen as a landmark development that will improve the quality of social care delivered, as well as aiding the professionalisation of the sector. Registration recognises those who are assessed as fit and suitable to practice in social care and excludes those deemed unfit to practise. It holds registered people accountable for their standards of conduct and practice and allows for remedial or disciplinary measures to be imposed where there are serious breaches of standards. The registration process started on 1 April 2003 and the first group of workers currently being registered are qualified social workers. This will progressively include all others working within the social care sector.

The Care Council for Wales has also been actively involved in planning for the future of the social care sector in partnership with employers, and has published *The Skills Foresight Plan*. This document sets out the estimated number of people working across the social care sector and the possible effect of turnover and growth. It identifies the predicted skill development required for the workforce over three years and the support requirements of employers for workforce and business development.

Further information: http://www.ccwales.org.uk/

At present, approaches to raising the standard of training and increasing professionalisation in the sector appear to vary greatly between those working in similar settings and with similar age groups in the different European countries (van Ewijk et al, 2002). Although there needs to be greater standardisation across Europe, a key factor appears to be that current accreditation and qualifications are only relevant to a small proportion of carers in certain sectors.

Cancedda (2001) sees the potential professionalisation of the care sector – through greater formalisation, the development of qualifications and increased training – as having both advantages and disadvantages. Advantages include a higher profile and the recognition of caring as a career; greater encouragement to work in the sector; and better quality guarantees for service users. Disadvantages include possible restricted access to these posts, leading to less qualified workers continuing to work in the 'undeclared sector', as well as higher labour costs which could damage entrepreneurship and affect demand.

Recognition of qualifications at an EU level is a major issue for both employment and mobility, two of the cornerstones of EU policy; it has the potential to improve both the supply of labour within the care sector and the quality of services it can offer. The following case studies highlight initiatives aimed at improving the supply of workers to the sector, through the introduction of quality assurance and national qualification schemes.

France: Quality approval and training

In 1996, a two-tiered approval system was introduced in France, of 'basic' approval and 'quality' approval, granted by the Regional Préfet to associations or businesses that provide child-minding services or care services for the elderly or disabled. 'Quality' approval is granted

according to the ability of the associations and businesses to provide a quality service – particularly in terms of the necessary human, material and financial resources. This system enables care recipients to find carers and organisations that have an appropriate approval rating and can, in turn, provide a quality caring service.

In March 2002, a national qualification called the *Diplôme d'Etat d'auxiliaire de vie sociale* (DEAVS) was introduced by decree in France. It specifically aims at improving the qualification levels of staff in the care service sector and at increasing the basic pay levels for qualified staff in the domestic care sector. The training is based on the idea that care service workers will be expected to carry out new tasks in the future, including taking care of increasingly fragile groups. Stress is placed on the ethical and deontological aspects of their jobs, as well as on the importance of working as part of a 'care team'.

The DEAVS is also intended to help care service workers access other types of training. It requires 500 hours of theoretical teaching, 560 hours of practical training and 17 hours of 'personalised tutoring' (as compared to 280 hours of theory and 120 hours of work placement for the CAFAD).

There are advantages to introducing recognised care qualifications at a national and trans-national level, in order to improve mobility into and within the sector and give care workers a more structured and 'professionalised' career path. Moves towards standardisation, however, are constrained by potential problems concerning restricted access, the dilution of services and the subsequent growth of 'undeclared work.' An innovative, inclusive approach is therefore an option for extending and recognising qualifications.

Quality assurance schemes based on fulfilment of minimum requirements for service provision are relatively widespread across Europe. The Czech Republic has followed the route of quality enhancement, concentrating on the centrality of users and their active participation in the management of change (in contrast with the input-oriented approach, defining quantitative measures mainly oriented towards the environment).

Czech Republic: Quality assurance in a home for mothers in need in Znojmo

This initiative involved the implementation of quality standards in the home. As a result of the initiative, a new personnel management strategy was developed, the need for specialists was identified, qualification requirements were defined and workers began a training programme. The initiative also identified areas of unmet demand, which led to a plan to enlarge the capacity of the home, thus creating more new jobs in the future.

The project has resulted in defined personnel structures, written and negotiated work profiles, qualification requirements, as well as personal and moral obligations. Quality assurance has led to a higher quality labour force. There are different educational requirements for the various positions and workers are encouraged to gain further qualifications to fulfil these requirements. Quality standards also require workers to participate in lifelong learning programmes and undertake specific courses according to the particular needs of clients.

Further information: http://www.znojmo.caritas.cz

In Lithuania, a draft of the social service reform was developed in 2002, which basically provides for rearrangement of the social service system, initially focusing on the quality and efficiency of services, and the creation of a combined social service market. As part of the reform, it is planned to raise the standards of social services in both residential care and community-based care in Lithuania.

Lithuania: Minimum national standards to improve the image of the sector

In 2004, the Ministry of Social Security and Labour initiated a project in which experts were hired to prepare a preliminary draft of national standards for the care sector. In parallel, working groups were formed from representatives of various social service institutions to work in cooperation with the experts. The draft of the standards was prepared subject to an analysis of the situation in various Lithuanian social service institutions. A number of project options have been prepared and submitted for consideration and discussion with service providers and service users. In 2005, the prepared draft standards were tested in particular social service institutions; training and awareness raising activities were carried out in municipalities to address the importance and implementation of the standards.

Testing of the standards will be followed by finalisation of the standards options. The standards will be approved by law and will be binding for all social service providers. It is planned to apply the system of uniform standards to all service providers with regard to the quality of services, including the structure, functions and qualifications of personnel.

In Poland – until 2001– no formal qualifications were needed to obtain work in home care services, residential homes or with disabled persons. However, the decree of the Minister of National Education of 29 March 2001 specified new occupations in the field of carework – disabled person's assistant, home care worker, and carer in a residential home – that required qualifications.

Poland: Social legislation and education in the field of care work

Education of home carers is aimed at those providing care services to those with long-term illness, and to lone and dependent persons. It is assumed that the proper preparation of home carers and the professional provision of care services has a direct influence on the efficient working of the community care system and in reducing the number of people directed to residential homes.

By June 2005, 54 people had acquired qualifications and 47 were engaged in study. The graduates have found employment in the care sector – in institutions of public social services. The introduction of care service occupations and related formal qualifications represents a move towards the professionalisation of these occupations and services. The possibilities of employment for people undertaking work in the care sector have increased as has the prestige of care-related occupations.

In Hungary, quality assurance within institutions was initiated a few years ago, while in 2000, the first elderly residential care home received an ISO 9000 certificate.

Hungary: Quality assurance in non-institutional care services

The primary objective of this initiative was to prepare and undertake an evaluation of basic social services in the city of Budapest, to help develop a more flexible, customer-based social service system. For the institutions involved in the evaluation, the main objective was to encourage the implementation of peer review learning practices, instead of the usual inspection and enforcement of legal obligations.

The monitoring process lasts one day. Information about the quality of service comes from four sources: the management, the care workers, the clients and the interviewer's own observations. Management and care workers have to fill in a questionnaire consisting of 60 questions about the three services provided in the institutions. Individual qualitative interviews are held both

with a consumer group and the management. The results of the survey are usually ready for analysis at the end of the day.

This exercise has reulted in improvements in the organisation of certain services and has helped to ease tensions on the provision side. In the view of both management and care workers, the survey operates as an incentive for further development. Citywide classification of the different providers has also followed, and the exercise provides background for benchmarking for the providers. The survey gives an equal say to managers, social workers and consumers, obliging managers to engage in more open dialogue with the workers, whose influence on the everyday running of the services is increased.

Further information : http://www.modszertan2001.hu

In Romania, a poorly managed system of accreditation for social workers and care providers has meant that the number of certified care providers has remained lower than it should be, especially in rural areas. Care is often provided by relatives or spouses who, for various reasons, may not provide optimal care. The feasibility of a transition from family-based care to professional care is still doubtful. Despite this, the need for professional care remains, whether provided by professionals or by family members. Therefore, a combination of the two models – family-based and professional care – is probably the optimum attainable goal. To provide this, a flexible training system is needed, one that is adapted to both models. The working system created by Pro Vocatie can deliver such flexibility. Pro Vocatie has adopted a 'smart training' programme that emphasises the importance of training in the areas where future care providers will need it most.

Romania: Training for personal home care assistants

The Pro Vocatie programme adheres closely to the occupational standards of the profession. This applies to direct care as well as to provisions regarding communication with and the rights of the care recipient. These standards represent the underlying framework present at all stages of training: evaluation, training, accreditation.

Maintaining standards of competencies in both care and beneficiary interaction is the aim of the training programme. In order to achieve this, the evaluation assesses the current skill level in each competency area. The training is then tailored to match the areas in which improvement is necessary, avoiding redundant training. A second notable feature of the programme is its flexibility. Training can be taken over a period of time, not all at once; this makes it particularly effective for the training of many active but untrained workers.

Further information: http:/www.provocatie.ro

European countries apply different systems to ensure the quality of social services. In some countries (the UK, for instance), such systems evolve into particular standards, while other countries apply individual requirements. However, in relation to the concept of a 'combined social service market' – which is being supported by an increasing number of European countries – the standard of social services becomes an important issue. This is one way to create equal opportunities for all service providers and to ensure the rights of service users to receive essential services of good quality.

Towards empowerment and independence

The regulation and provision of care has changed dramatically over the past 15 years, in response to the increasing demand for care services and the changing roles of the public, voluntary and private sectors. In terms of labour supply, a more open, free-market approach to provision has the potential to attract more workers to the sector and to enhance consumer choice and quality.

In addition to the changing role of the state, there has been an increase in the empowerment of care recipients and the transformation of service users into service buyers. This represents a positive development for care recipients; the more actively involved service users are, the more likely it is that outcomes will be affected by individuals' values, culture, attitudes and circumstances (Byford and Sefton, 2003). The 'empowerment' of care recipients enables them to 'purchase' their own care and carer, with the addition of contractual rights. At the same time, this can potentially influence the quality of care: low standard care services would simply not be 'bought', although whether more marginalised groups have any say in this remains a major concern. Care recipients may also be able to tailor a care programme to their specific needs, again raising quality and improving delivery. An example of this change, envisaged by Ungerson (1997), is the introduction of voucher schemes as demonstrated by the following case study.

Italy: Home care vouchers

This project aims to improve the quality of integrated (that is, health and social) home care services by means of vouchers, which allow people to buy services only from accredited providers, who ensure a more rigorous recruitment and selection of care staff.

Eligible recipients receive a voucher that entitles them to receive home care services (medical services, rehabilitation, nursing services) at three different levels and according to their needs – primary care, secondary care, and tertiary care for terminally ill patients. Vouchers range from a minimum of €362 to a maximum of €619. These amounts can be spent only on regular care services provided by accredited care workers or agencies.

The vouchers maximise consumer choice and flexibility and allow care recipients to have an active input in the type of care they receive. Vouchers can be spent on any form of care and also on additional services, such as meals-on-wheels, transport, and laundry services.

Further information : http://www.regione.lombardia.it/

One downside of care recipients becoming service buyers is that those without the necessary income will be further isolated by their inability to pay for care. In this regard, the state still has an important role to play, particularly with regard to regulation and quality assurance.

In the mid-1980s, the French government adopted the aim of tapping into the 'job creation potential' of the care sector, by encouraging greater household consumption of care services and by altering the structure of demand for care services, to ensure a greater use of those services with the greatest job creation potential. This objective has been addressed in a number of different ways – for example, through the aforementioned CES (*chèque emploi-service*) scheme, which entitles care service recipients to benefit from a series of tax rebates in exchange for abiding by the rules of the collective agreements for domestic workers. It is also illustrated by the government intiative, the *Titre emploi service* (TES).

France: *Titre emploi service* (TES)

In 1996, the French government attempted to tap into the 'unexploited job creation potential' of the care services sector by reducing the cost of employing a care worker for private households. It enables for-profit companies, works councils, mutual benefit societies and others to cover a part of the cost (up to €1,800 per person per year) of the domestic services purchased by their staff or members. Unlike the CES scheme, it requires care service beneficiaries to purchase their domestic care services from an approved service provider.

Further information: http://www.ticketemploidomicile.com.fr

Promoting independent living

Promoting and enabling independent living is another important aspect of empowering care recipients. In Bulgaria (Sofia), the aforementioned AIL service represented a pioneering effort whereby disabled people were provided with financial, administrative and social assistance to hire and manage one or more 'assistants for independent living'. This initiative was extremely successful in terms of empowering care recipients and increasing their independence. It helped disabled people to overcome isolation, social exclusion and lack of opportunities due to an inaccessible physical, social and institutional environment. The service was developed as a part of the 'Counselling Centre' project of the Centre for Independent Living. This project focused on providing information, advice and training that would support disabled people in their efforts to live independently. It began in 1999 and ended in 2004. During that period, more than 2,800 disabled people received information and counselling services on social, vocational and legal issues.

Care recipients themselves are also playing an increasingly active role in developing objectives and methods of support for independent living. In Italy, this philosophy underpins the Personalised Projects for Independent Living and in Slovenia, the Independent Living of Disabled People programme.

Italy: Regional programme for independent living

Since 1999, the Friuli Venezia Giulia region (northern Italy), in cooperation with the non-profit association IDEA, has been running a programme to promote the development of high quality care services with an independent living philosophy. The project aims to keep disabled persons in their own environment, and at the same time provide support to their families, through the use of carers who are trained by the disabled people themselves. Its central aim is to foster the ability of disabled people to lead a more independent and socially integrated life.

Personalised independent living projects are targeted at severely disabled people to enable them to gain control over their lives. Prior to this, the ability of an individual to exercise self-determination must first be assessed by a multi-disciplinary team. The disabled person then plays an integral part in the process of determining the objectives, methods and forms of intervention.

Disabled people believe that the best qualified experts on disability are the disabled themselves, and that the needs of people with disabilities can be best met by comprehensive programmes rather than fragmented programmes administered by different agencies and offices. The optimum way in which to fully integrate individuals with disabilities into the community is through independent living and personal assistance initiatives.

Slovenia: Independent living for disabled people

The Independent Living of Disabled Persons programme in Slovenia was launched in 1992 by a group called 'Youth Handicapped Deprivileged'. This programme was initiated in response to the needs of some students, who wanted to find an alternative to institutional care so that they could lead a more normal life.

Although the state had made a commitment to providing individualised services, in practice it did not allocate the financial support required by residential communities and care institutions. At the same time, institutions were not interested in preparing residents for independent living because such a development was perceived as a threat to their existence.

An important feature of this programme is that the assistants are not perceived as carers, nurses or suppliers who 'take care' of the programme user. The disabled people themselves act as coordinators of the programme and are treated as empowered and active citizens, who do not need to be taken care of.

Further information: http://www.yhd-drustvo.si/eng/

As people live longer, there will be an inevitable increase in demand for social care services for the elderly. However, as well as living longer, older people are maintaining a reasonable level of health for longer. Policies aimed at the promotion of healthy and independent living clearly reduce the demand strains on care for the elderly. Initiatives focusing on preventative care can be launched and implemented at a national and transnational level, and should be considered a key part of any EU policy aimed at reducing the pressure on labour supply in this sector.

Encouraging self-reliance among elderly people

Labour shortages in the social care sector, especially in care of the elderly, are influenced by demand side issues – in particular, the ageing population. Not only are people living longer, leading to an increased requirement for care services, their expectations of care are rising, particularly as a result of technological advancement. This in turn raises issues relating both to the amount of labour supplied to the care sector and to the quality of the workforce and the capital resources it has at its disposal.

Encouraging older people to live independently and to be less reliant on care services for longer is one means by which such demand side pressures could be addressed. It is anticipated that the trend of people living longer but remaining in better health will continue for the foreseeable future and will be mirrored across all Member States.

There is also a need to attract more people to work in care of the elderly. An initiative launched in Germany attempts to address both the issue of encouraging greater independent living among elderly individuals and improving labour mobility into this area through the creation of elderly care cooperatives.

Germany: *Seniorengenossenschaften*

This initiative involes the formation of cooperatives of older people who provide and receive care services. Members of the cooperatives mainly consist of pensioners who want to live their 'third age' in dignity. Some of them set up housing cooperatives for their own needs, and some also organise both paid and non-paid caring services in different ways. The latter type of *Seniorengenossenschaften* consists of cooperatives of older people who provide and receive care on a mutual basis. Those who are able to, provide care for the elderly. In return, those who provide care services now will receive care in the future, when they themselves are very elderly. In Germany, particularly in the Baden-Württemberg region, the number of elderly cooperatives is significantly increasing, partly because of the support of the Ministry for Social Affairs.

Finland: Voluntary help

A Finnish newspaper, *Helsingin Sanomat*, recently gave an account of the voluntary activities of retired men, who meet in order to chop and pile firewood for elderly women living in rurally isolated communities. In this particular case, the church is involved in the coordination and organisation of the voluntary activity.

In the EU, independent living for the elderly population has become an increasingly important issue in recent times. In the UK, for example, the Community Care Reforms of 1993 aimed at allowing more people to continue living in their own homes as independently as possible (Department of Health, 2002). In France, the *Allocation Personnalisée d'Autonomie* initiative not only encourages older people to live independently, but also enables them to exercise greater control over the type of care services they receive.

France: Developing home care services for the dependant elderly

The personalised autonomy allowance (*Allocation Personnalisée d'Autonomie,* APA) came into force in France on 1 January 2002. It replaced the previous specific dependency fund (*Prestation Spécifique de Dependence*, PSD), which was introduced on 24 January 1997. Both measures grant elderly people aged 60 and over with recognised dependency needs the right to exercise free choice as far as their living arrangements are concerned. The allowance can be paid either to dependant elderly people living at home or to those living in eldercare institutions (nursing homes, retirement homes, sheltered housing, etc), to help them overcome the difficulties they face in accomplishing their daily activities.

Faced with an ageing population, successive governments in France have attempted to develop public policies that reduce the collective cost of ill-health and dependency among the eldest members of society, while allowing for greater choice in the type of care services available to this section of the population. In particular, governments have been eager to reduce the proportion of dependant elderly in the most expensive forms of care, particularly in long-stay geriatric hospital wards.

Further information: http://www.sante.gouv.fr

Opportunities provided by new technology

The introduction of new technology both increases independent living opportunities and creates new opportunities for delivering effective and efficient levels of care services and individual security, as illustrated in the following case studies.

Finland: 'Care phone'

Care phone is a device that enables an elderly or disabled person, or any person in need of care who lives alone, to access help at any hour of the day. The device functions as a wrist or pendant alarm connected to a normal telephone. When a person needs help, they press the alarm button and the telephone automatically dials the number of an emergency centre, or a person whose telephone number has been programmed into the telephone as an emergency contact (Törmä et al, 2001).

Care phone is a cost-effective system that aids independent living and allows the user to feel more secure, enabling them to avoid early institutionalisation. Most of the users are elderly people, on average 75 years of age. It can be used within a 30–60 metre range from the telephone, mainly inside the house. A newer system, based on wireless connections and a computerised system that can track a person's location, enables users to make an alarm call anywhere in Finland. Using the positioning system, the alarm centre receives a patient's exact coordinates, and help can be directed to the exact location. This new system offers additional security to the elderly over a wider range (Törmä et al, 2001).

Further information: http://www.esperi.fi/

Czech Republic: Emergency care provided by Slezska Diakonie

In the city of Bruntál, a home alert mechanism using voice and electronic communication offers users an alternative to institutionalisation, enabling older or disabled people to feel more secure in their own environment.

A telephone station with a loudspeaker and microphone, movement sensors and a radio alarm are installed in the user's home. The client's phone is then connected to a dispatch centre, which operates 24 hours a day. Clients are contacted at pre-arranged times, at least once every 48 hours, and every hour when the client is in poor health. The sensors in the home monitor the client's movement and if there is no evidence of movement over a 12-hour period, an automatic message is sent to the centre. In an emergency situation – for instance, if the client's health suddenly deteriorates, they fall, or there is a security risk – the client can send an emergency message from a small bracelet device with a push button and is immediately contacted. If help is needed, the client is either visited by a social worker or a home-help nurse, and the family may be contacted; if the situation warrants it, the ambulance service, fire brigade or police may be called.

Further information: http://www.slezskadiakonie.cz/dorkas.html

These developments have a relevance at the EU level. The European Commission, in its Communication on the Social Agenda (EC, 2005c) that announced the plan to bring forward a Green Paper on this issue, has underlined a balanced intergenerational approach as being important for the success of social protection reforms. As technological advancements are important in the revised Lisbon strategy, wider European Commission support (methodological, promotional, financial, etc) for quicker and smoother emergency care development – in a partnership with global telecommunication operators – would offer one possible solution for helping to tackle the ageing issue.

4 Situation in the NMS and acceding countries

The challenges related to labour supply in social care are similar in the EU15 and in the NMS and acceding countries, as the comparable case studies presented in this document clearly show. However, certain characteristics in the NMS and acceding countries reflect the particular sociopolitical changes experienced by these countries in the past 15 years. Deinstitutionalisation, decentralisation, state-financed home care, the appearance of non-governmental, private, international and religious organisations as providers of social care have all led to the emergence of a new set of provisions, which are having a significant effect on the labour supply in this sector.

Deinstitutionalisation process

The dominant 'medical' approach towards social policy during the communist era relied heavily on the institutionalisation of care recipients. As a result, many of the NMS in eastern Europe are now facing the pressing challenges of deinstitutionalisation. Large-scale residential settings, which dominated the field of social care, are now being requested to close down with a greater emphasis being placed on the personal needs of their inhabitants. However, these intentions have met with serious opposition, largely due to labour supply issues, as such institutions were usually located in remote areas where they provided the only source of employment in the surrounding area. Moreover, the social and professional ideology behind the need to deinstitutionalise has also proved offensive to the care personnel working in these settings.

Due to institutional changes in politics and the economy, communities have become more involved in the social care sector, with one-third of all NGOs now operating in social care. In Hungary, there has been a 40% increase in the number of people cared for in different residential social centres in the last ten years. In 90% of cases, this growth is due to non-public service provision.

Many of the former institutions have closed down, while others have been broken into smaller units, some changing their role to methodological resource centres for professionals. The reform of one of these institutions, the Assen Zlatarov Children's Home, has not only benefited the people who were institutionalised, but also emphasised the significance of community-focused social work that, although developed in an institutional setting, has contributed to the process of deinstitutionalisation.

Bulgaria: Institutional reform

The Assen Zlatarov Children's Home was an old large-scale state residential institution, catering for about 90 children aged seven to 18 years, which was established in the 1960s.

Eleven years ago, reforms and restructuring measures were introduced at the institution, aimed at gradually shifting the focus from simply providing shelter and satisfying the basic needs of children in care, towards the integration of these children into mainstream society by mobilising community resources. Several crucial innovations underpinned the new approach to social work in the home. For example, children were divided into smaller groups, according to their age and circumstances, and each group was provided with personal living space simulating a more home-like environment. Individual plans were developed for every child and each one was appointed a mentor who was responsible for the child's development and for discussing any problems or issues that might arise. A team of social workers was assigned responsibility for outreach/community work with children's families of origin and another team

was responsible for working with foster families, thus creating viable opportunities for deinstitutionalisation. So far, the social workers from the Assen Zlatarov Home have managed to place eight children in foster families – a high success rate, bearing in mind that at the time of writing, there were only about 30 children in total who were placed in foster families all over Bulgaria.

The positive experience of the Assen Zlatarov Children's Home was recognised as an example of good practice by the Ministry of Education and Science and became the basis for developing new regulations for children's homes, adopted by the Ministry in 2000 and further revised in 2004.

Further information: http://asa.dir.bg/children.htm

Deinstitutionalisation efforts actually raise the profile of social work and change its character in terms of having a more contemporary, community-based approach. Individualised work with children and families requires more human resources, both in terms of number and quality. As in the case of Assen Zlatarov, an institution that aspires to become closer to the community has to rely heavily on high quality social care work in order to be successful. In order to meet the growing demand for workers who are needed to sustain the new system of intensive and individualised work, new staff members have to be hired. This leads to the creation of new jobs and career opportunities.

Decentralisation through new service providers

Deinstitutionalisation in the NMS countries has occurred hand-in-hand with the decentralisation of its welfare systems. This has revealed significant problems, namely: insufficient financial resources at local level; the absence of regulations accompanying new tasks; negative attitudes at local political level to social services; and the lack of social capital after 45 years of communism. Finding the right level of subsidiarity is a crucial issue for the NMS countries in the years ahead.

In Bulgaria, the SANE project decentralised its social services by using NGOs as service providers. This helped to build the capacity of NGOs to deliver social services, by placing them at the centre of the service provision scheme and by training them on how to organise, manage and monitor the provision process. It also encouraged cooperation between NGOs and central and local government institutions, enhancing the capacity of all key stakeholders in the social area to participate in the provision of community-based social services.

Bulgaria: Social Services Against New Employment (SANE)

The SANE project provides services for vulnerable groups of single elderly people and disabled adults and children. It recruits unemployed people as social assistants and incorporates the new government philosophy in social care, by assisting decentralisation and deinstitutionalisation of social services. The project aims to increase the capacity of NGOs to provide social services, in partnership with state and municipal structures, and to expand and enhance the range of community-based social services available. It also aims to develop national standards and a monitoring system for these services.

An important component of the project is the vocational training of social assistants.

NGOs participate in the organisation and monitoring of the social assistants' job training. They also conduct yearly reviews of the professional performance of the social assistants, in partnership with the Social Assistance Directorate and the Labour Office Directorate.

To date, there are 12 NGOs managing social assistants in each of the 12 pilot municipalities. Some 1,940 people have access to the services provided by 765 social assistants. The services include cleaning, help with personal hygiene, household, administrative, educational and medical assistance, and help with maintaining social contacts.

Further information: http://www.sanebg.org

In Hungary, deinstitutionalisation of care services was introduced as a policy goal as part of the wider changes of 1989. In the last 15 years, the structure of community-based services has been established. However, the need for home-based services for families is still not recognised in the national policy field. Families who do not perceive themselves as being 'in need' or 'at risk' therefore tend not to be a priority of state-run social services. The NGO described below, however, has filled the social care need gap in this area and functions as the bridge between the individual units of society and social services.

Hungary: Home-Start Foundation (*Otthon Segítünk* Foundation)

This community-based initiative, which originated in the UK, provides assistance to families with small children. Services range from practical advice on childrearing and homework, to counselling on family matters, to assisting mobility. The initiative is based on a network of coordinators, who place voluntary workers with families in need of help. Assistance is given for six months, for four hours a week. The service also helps to integrate families into the community in certain urban areas.

So far, nearly 500 children in 300 families have received help. In some areas, cooperation agreements have been reached between the coordinators and local social service institutions. The foundation works strictly as an NGO, but is striving to get professional approval and to cover as much of the country as possible. In 2002, the foundation became the consultancy centre for the eastern European International Home-Start region.

This initiative has filled a gap in the provision of social services for preventive family support, which has not been provided by state-regulated social services. The service is at an early stage in its development. In line with the Hungarian tradition of social services development, a service first has to rely on its own resources, applying for small grants and funding. Once it proves itself viable, it will be in a better position to receive more substantial support on a regular basis.

Further information: http://www.home-start-int.org/Magyar.asp

In Poland, the funding system for care services changed after 1990. In the Polish People's Republic, care was funded using finances from the central budget. Today, funding for services is commissioned by communal or municipal social service departments, which reimburse the costs of care in part or in full. Decentralisation of care services has resulted in the abolition of care institutions and a reduction in the number of carers' jobs. Care services are provided, mainly for economic reasons, by non-governmental organisations delivering services on the basis of contracts with local councils. One of the oldest and biggest organisations providing home care services commissioned by local authorities is the Polish Red Cross. This organisation provides home care services for 13,000 sick people, runs 12 care centres, six hostels, as well as day care centres and camps for 10,000 children each year. Through more than 40 years' experience, the organisation has developed high-quality services and practices. The Polish Red Cross cooperates with its counterparts in other EU countries, thereby facilitating the exchange and transfer of examples of good practice.

In some of the NMS, especially Poland, religious organisations in the form of churches and religious associations still play an important role in the provision of social services.

Poland: Church of the Christian Baptists – Care Station Bethel

Apart from its extensive missionary activity, the Church of the Christian Baptists has always actively participated in other forms of social activities. In 1995, Care Station Bethel was launched to respond to the growing needs of lonely and ill residents in Łódź. A contract was subsequently signed with the Baptist Church to provide care services for the centre. In the past 10 years, the number of carers has increased from one to 90 people, providing services to 200 clients. Most services are provided on the order of the Department of Social Services, although 10% of the monthly income is devoted to charity services.

Besides care services, Bethel also runs training programmes preparing women employed in other institutions to participate in care services, thus raising their prospects for employment as care workers in disadvantaged areas, and providing them with opportunities for reintegration.

The example of Care Station Bethel shows the potential of local Christian churches, which have traditionally performed an important role in social care in Poland and in other countries of central and eastern Europe. Social capital such as this could be put to good use in further developing social provision across the EU. The cooperation between Care Station Bethel and its partner in Berlin points to the real possibility of knowledge and experience transfer, as well as the possibility of building international networks of care organisations.

Sustainability of NGOs

The great majority of social services offering community-based alternatives to institutional care are now provided by NGOs. However, the lack of sustainability of NGOs poses a serious threat to the continuity of service provision, both in terms of developing customers' trust and of the development of human resources. Lack of sustainability also has a huge impact on the dynamics of the labour force in the social sector, leading to organisational instability, increased staff turnover, greater job insecurity and lack of career prospects, which in turn lead to lower quality service provision.

Decentralisation of services sometimes places a significant burden on smaller communities. In line with the Hungarian Social Act, regardless of a community's population, it is obligatory to operate four basic services: child welfare services; family support services; meal provision for the needy; and home care for the sick. However, securing these basic provisions is sometimes beyond the financial capacity of small communities. For example, less than 5% of communities with fewer than 500 people operate family support services, whereas the national coverage is above 25%. Child welfare services exist in 15% of villages with fewer than 500 people, while the national coverage is 50%.

Despite inevitable difficulties regarding sustainability, NGOs often meet demands that remain unmet by state service provision or funding, such as working with street children or women who are victims of violence. 'Social enterprise' offers a possible solution to the ever-present problem of funding NGOs that pilot new social services not prioritised by local or central government.

Bulgaria: The Samaritans – developing a social enterprise

The Samaritans provide a range of innovative, community-based social services for vulnerable children and young women who are victims of violence.

At the beginning of 2003, the organisation set up a social enterprise with the aim of securing funding for the provision of its social services. The enterprise produces and sells honey and other bee products. It has already become a certified representative of a leading Danish producer of beekeeping equipment and facilities, and has signed a contract for the distribution of its products in Bulgaria. The enterprise generates significant profit, which is used to sustain the social services of the organisation. Although this self-funding mechanism is still not sufficiently developed to ensure the sustainability of all its operations (recently some of the organisation's activities have been limited because of a reduction in the donor's assistance), it is still an important step towards financial independence for the Samaritans.

Further information: http://samaritansbg.com

Sustainability of NGOs is a serious problem, not only in Bulgaria or Hungary, but also in the other former communist countries. The development of social enterprises can ensure a degree of financial self-reliance, allowing NGOs to pilot innovative social services and so meet pressing community needs. This process will also stimulate the labour supply in the sector by making the recruitment, training and human resources development of social workers sustainable and more reliable.

Networking and knowledge transfer

Since the fall of communism, international caring organisations have expanded eastwards, establishing branches or separate organisations, while religious organisations have regained their former importance; private for-profit services have also become active in the field of social care. One enterprising initiative in the Czech Republic, the Sue Ryder Home project, is interesting from an EU perspective, as entrepreneurship and innovative human resource management are key drivers of the revised Lisbon strategy. Moreover, from the perspective of equal opportunities in social care, this project could be viewed as a possible example of good practice.

Czech Republic: Innovative human resource management

The Sue Ryder Home provides care and related services to elderly people, based on the practices of its British mother organisation. It is particularly innovative in the area of human resource management: for example, it employs disabled workers and relies heavily on voluntary work. It also serves as a training centre for higher education in social care, and employees of the organisation are encouraged to participate in lifelong learning programmes.

The main benefits of the project include a higher quality of life for older people and for their families. The project's social entrepreneurship also promotes the social inclusion of vulnerable people and social cohesion in the community. New labour partnerships are also created between students and service providers through their involvement in the caring process.

Being a member of an international organisation helps to spread the benefits of the initiative and transfer know-how to other countries. As a partner of the Czech Ministry of Foreign Affairs, the Sue Ryder Home participates in foreign aid and developmental projects in Malawi, Kosovo and Albania. It provides palliative and hospice care in these countries, organises educational programmes in the field of care and supports local organisations in recruiting volunteers.

Further information: http://www.sue-ryder.cz

In Romania, the territorial dioceses of the Roman Catholic and Greek Catholic churches have created a national network of Caritas home care centers, which provide services to elderly, sick and disabled people. The network has strong links with German and western European Caritas centres, as well as other home care centres, and aims to reach European standards in equipment, training of care staff, and delivery of services. Links with western European organisations and continuous cooperation with local and national authorities has had an impact on the creation of new legal bases of home care in Romania. Caritas home care services employ over 300 professional workers and over 200 volunteers, assisting more than 11,000 clients. The home care services offered by Caritas represent the largest such network in Romania, covering 11 regions, with services offered in both urban and rural areas. Centres are well equipped, and dedicated to the ongoing qualification of the employees and good quality case management. Further information is available at http://www.caritas.org.ro

During the reorganisation of social care systems in the different countries, new legal, economic and organisational solutions in the range of care services began to emerge. In addition to the traditional providers of care services – social care centres and NGOs present in the social services market before 1989 – new NGOs began to appear after 1989. Secular and religious organisations became active again after the communist period, as did profit-oriented private care agencies. The emergence of new organisations in the care services market has led to an improvement in standards, and to greater choice and competition.

Poland: 'Serce' Care Service Agency

An example of a private organisation in the care services sector is the Serce Care Service Agency, established in Łódź in 1992. The agency was set up in a period of high demand for, but low supply of, care services. It provides care services contracted by the Municipal Social Care Centre in Łódź. The Łódź local council covers the costs of care services, thereby fulfilling its obligation to provide care for residents in their homes. The agency has become the biggest local provider of home care services in Łódź and covers all districts of the city, providing care services for the elderly. A total of 1,136 clients use the services of the agency, which employs 399 social care workers.

Community-based approaches

In the communist era, the word 'community' was scarcely used. Instead, the guiding philosophy was 'think centrally, act centrally'. Therefore, strengthening local communities and planning in accordance with their needs required new initiatives after the fall of communism.

In the Czech Republic, social services have developed in a haphazard way in recent years, with no strategic guidance or planning. Planning of social services is critical to securing accessibility. One initiative, based in the city of Jičín, aims at providing services on a community basis, incorporating users, their families, service providers, municipal representatives and the general public into the planning and decision-making process.

Czech Republic: Community-based planning

This project aims to strategically plan social services in the city of Jičín. Its primary objective is to recognise needs for social services, map available resources, and set up a strategy for balancing supply with demand. The project has resulted in the introduction of a community plan, *The strategy of the development of social services in the city of Jičín for the years 2004–2006*. As a result of the planning process, new services have been introduced in response to the most urgent needs, and new jobs in these services have been created. The project has also facilitated the exchange of information and mutual support, leading to higher quality social care. At the same time, by raising awareness it has improved society's perception of care providers. The project has since received public funding, but will also be supplemented by sponsorship, other sources and user fees.

As a result of such community planning initiatives, social issues have begun to feature on the agenda of city council meetings. These issues have also come more into the public view, which has made it easier to generate popular support and thereby allocate new resources. The issue of social services – which had previously been of marginal interest in the Czech Republic – has been given greater priority at municipal level, while the valuable work of people in this area has been highlighted.

Further information: http://www.ops.cz/

In Lithuania, as in all other post-communist countries, the care sector essentially consisted of residential care institutions. In order to accelerate the development of community-based services and the anchoring of home care services, the Lithuanian government in 1998 approved a three-year national social service infrastructure development programme (SIDP). The objective of this programme was to fund the establishment of new community-based social service institutions in municipalities, as well as the expansion of existing services.

Lithuania: Social service infrastructure development programme

This programme supports the development of new and higher quality social services. A key focus of the programme is the benefit of social services for the local community through the development of family assistance services, day centres for children, and independent living homes for the elderly and the disabled. An additional objective of the programme is to facilitate interdepartmental and inter-institutional cooperation (among the systems of social services, health care, education and law enforcement, and between municipalities and NGOs).

To date, the programme has resulted in the establishment of new and improved social services and institutions, and over 250 new job opportunities, in 41 of the country's 60 municipalities. It promotes the development of high-quality social services that, incorporating advanced methods of work and enhance the image of social workers in society, and encourages the involvement and support of local politicians. The status of the NGO sector as a service provider has also been strengthened, as part of the SDIP funds have been allocated to help develop this sector.

Municipal, non-residential service institutions funded by the SDIP now cater for more than 4,000 clients each month. Almost half of the projects developed under the programme consist of community-based services that have been thus far been unavailable in municipalities, such as day centres, refuges for women victims of domestic violence, and home care. The SDIP has given a strong boost to the development of non-residential social services in the municipalities.

Further information: http://www.socmin.lt/

New demands for services

Each period of social development brings with it new social problems, reulting in demands for new social services and more qualified professionals. In Lithuania, problems regarding abused women, victims of human trafficking and forced prostitution have only recently been addressed. Organising assistance for individuals in these groups constitutes a new field of social services, which first emerged in some of the bigger cities.

Lithuania: Social services responding to emerging needs

In 1998, a crisis centre for abused women was established in Vilnius with the help of the Ministry of Social Security and Labour, the Swedish International Development Agency (SIDA) and Stockholm University. The centre provides a wide range of services for women in crisis situations, ranging from emergency services of up to three days to comprehensive long-term assistance. Services include temporary shelter for women, job assistance, mediation in family disputes, and the organising of childcare and self-help groups.

Services provided by the centre prompted the development of other social services in Lithuania, catering for new groups of clients. As the scope of the social service sector increased, similar services also started to appear in other regions. The establishment of the centre thus promoted the consolidation and recognition of new social services in Lithuania, resulting in the creation of new jobs for social workers and their assistants.

In conclusion, major socio-political changes in the NMS and acceding countries in the past 15 years have led to fundamental changes in the structure of care services, directly affecting labour supply. A great number of initiatives in these countries centre on the transformation of the old system of care, the outsourcing of care provision to NGOs, the emergence of international, religious or private for-profit organisations, the introduction of a new community-centred and home-based approach and the addressing of previously neglected social problems. Tackling such issues in these countries requires the enlargement of the social care services network and the training of qualified employees to provide such services.

5 Lessons of good practice and policy implications

Despite difficulties relating to a common definition of care provision and services – and the poorly defined boundaries between health and social services – this study aims to present a broad picture of labour supply and demand issues in 13 countries and to offer a wider view of key issues at stake at EU level. The inclusion of eastern European countries in the research has allowed for wider comparisons of parallel trends, despite rather different starting points. These countries are rapidly adapting methods and practices from western Europe and they share many common themes and issues. The previous chapters described some of the most innovative initiatives aimed at improving the quality and the quantity of labour supply in the care sector in six EU15 countries together with five NMS and two acceding countries.

Although care provision has been steadily expanding in the last 20 to 30 years, attention has not been fully given to the employment potential of this sector. Care provision has remained an almost hidden feature of European, national and regional labour markets. Despite strong figures in terms of job creation, the care sector has weaknesses relating to both labour supply and demand. This is at a time of increasing demand for quality care provision, arising from demographic and societal change. In most cases, demand for social care services exceeds the supply of resources available, particularly in terms of labour and the financial supports afforded to the sector in different countries. Thus, there is a general need to increase the number of social care workers across Member States. The SWOT (strengths, weakness, opportunities, threats) analysis overleaf provides an overview of major issues affecting labour supply and demand in the care sector. Important policy implications suggest the need to build on the strengths of the sector, in order to grasp future opportunities avoid potential threats.

In analysing the present situation, researchers have tried to envisage future needs and potential opportunities that the care sector could offer. They addressed the questions against the background of an ageing population. What type of care work will be needed in the next 20 years? How can public policies at EU, local and regional levels support this process in cooperation with the social partners and NGOs? Looking at the positive lessons of policy developments and initiatives in the 13 European countries examined, what kind of important policy implications can be drawn? Key findings and implications relating to the future of the EU's care sector, and recommendations for future policies and initiatives at local, regional, national and EU level, are outlined in the following section.

Identifying job opportunities

The health and social service sectors were responsible for almost one in every five jobs created across the EU between 1995 and 2001 (European Commission, 2005f). In some Member States, such as Denmark and Sweden, the care workforce already accounts for about 10% of the total workforce and its relative weight is increasing in other countries. In order to avoid excessive demand for labour in the sector, it is important to identify types of career opportunities that the sector could offer and types of people who could constitute a prospective workforce.

Job creation initiatives aimed at the care sector are an essential part of meeting the increasing demand for care services and workers. Despite internal reshuffling of workers and high rates of employee turnover, the sector is seen as a key area for employment growth over the next 20 years.

Targeting new employees must therefore be at the forefront of initiatives, to make the care sector a more attractive career option and to attempt to address the issues of high staff turnover.

Table 1 SWOT analysis of labour supply in care services

Strengths	Opportunities
• many service providers, constant innovation in level and types of services offered; • new types of provision are constantly developed in response to new needs; • increasing development of users' organisations for demand driven services; • national monitoring of quality of services is developing in many Member States; • the care sector is well regulated across the EU; • social and health rights are increasingly important in every Member State; • steady development of home-based and community services requiring less financial resources.	• rich potential for employment development; • immigrants could balance out labour shortages; • transforming undeclared work into regular employment and equal opportunities for men and women and better working conditions could increase labour supply; • broaden participation in, and supply of, education and training; • protection of equality and social justice in access to care services; • the encouragement of competition and the promotion of economic viability in care services; • respite care is a growth area in the EU care industry; • the building of comprehensive active ageing strategies could help the sector; • EU and national governments could encourage NGOs to develop services and encourage individuals to volunteer in caring; • develop more effective mutual learning strategies by building up reform partnerships.
Weaknesses	**Threats**
• low profile of the sector within national and EU labour policies; low public image; • lack of career opportunities; • high levels of undeclared work undermines quality of care; • existing shortage of care workers; • lack of sustainable financial support for new services and initiatives; • wide variations in services offered across the EU; • urban–rural divide in accessibility of services; • not enough protection from abuse for service users; • sectoral research inadequate; lack of comparable statistical data, in-depth information and evaluation.	• ageing society requires substantial increase in labour supply; • flow of skilled labour may jeopardise care services in immigrants' country of origin; • social dumping may reduce advanced levels of care provision; • lack of resources, state financial support and private means for good quality services; • large geographical and income differences in personal care insurance measures; • increasing female labour market participation further reduces care provision within families; • higher professional care standards may put off volunteers and hinder informal care provision; • lack of financial support may hinder new initiatives.

Potential labour supply for the care sector can be found among people with different demographic and socio-economic backgrounds. The case studies outlined several initiatives aimed at attracting new employees into the sector from a range of backgrounds. Efforts have been made, for example, to attract new graduates, to provide job opportunities to the unemployed and disadvantaged, elderly people, and people dismissed from their previous employment. Efforts have also been made to encourage migrants to continue working in the sector. Moreover, the sector should be prepared to employ more male workers.

Attracting new graduates

Attracting new graduates and preparing graduates to take up jobs in the social care sector is a major challenge for policymakers. Case studies from Greece and the UK highlight the importance of upgrading social care work qualifications. Jobs with recognised skills and qualifications, however, are only one of several factors that influence the degree to which employment in this sector attracts young people. Raising the profile and professional status of the public sector is important. Special

attention should be given to new graduates, since working in the care sector might put an intense emotional burden on them, resulting in early burnout and high staff turnover. Possibly a bigger issue is the extent to which young people are prepared to work in areas of social care that demand physical endurance and social as well as emotional skills. These issues may be most prominent in care of the disabled or the elderly. The Finnish initiative, designed to promote a positive image of the sector and of its working atmosphere, has been successful.

Initiatives aimed at raising potential recruits' awareness of the benefits of working in the care sector could be accompanied by accurate information about working life – a strategy seen in care programmes in the UK. Increasing the number of new recruits in social care employment and ensuring that the sector attracts qualified workers should be an important priority for the years ahead.

Disadvantaged groups

Attempts have been made across Europe to encourage those with low levels of employability to work in the sector and to offer them meaningful career structures and training opportunities. Among the examples of good practice highlighted in this study are some that specifically target the unemployed and those lacking skills and qualifications.

The social care sector – labour intensive by nature – can aim to attract disadvantaged groups, in line with the Joint Employment Strategy. In national and EU employment strategies, specific targeting of those with poor job prospects, such as the unemployed, young job seekers and those returning to the labour market, may encourage them to work in the social care sector. Training and retraining initiatives and incentives such as free childcare and transport could supplement such initiatives.

Older workers

The ageing population places a double burden on the sector: not only is the number of potential care recipients growing, but the social care workforce is also ageing rapidly, increasing potential pressures upon labour supply. A more age-balanced workforce is needed; this can be created by attracting young people into the sector, while enabling experienced older workers to remain in employment for longer.

The care sector suffers from high turnover and high levels of burnout among employees. It is important that municipalities and social partners ensure that job routines and timetables are designed to allow those aged 50 years and over to remain in work or return to employment in the sector. Vocational health and safety training programmes should be put in place to help older workers deal with physical and psychological pressures, and prevent their premature exit from the sector.

Migrant workers

Increasing geographical and occupational mobility offers the potential to minimise imbalances between the demand for, and supply of, care services. Geographical labour mobility, especially of migrant workers, could increase the labour supply of receiving countries. The recognition of the qualifications held by migrants or carers from other countries could also reduce the degree to which many migrant workers are driven towards undeclared work. The Greek example of offering

language courses for highly skilled foreign professionals is an effective example of measures aimed at meeting labour demand in the sector.

Standardising qualification frameworks across countries also offers the opportunity to enable greater geographical mobility between Member States. However, as social care services – particularly home care services – are delivered on a very personal basis, minimising cultural clashes between care providers and care recipients is essential. Employment services that match appropriate carers with care recipients should be aware of this problem.

Migrant workers from the NMS might help to alleviate the labour supply problems of the EU15 countries. However, the movement of workers from these countries may create labour shortages in the sender countries and care should be taken, when developing specific policies and initiatives aimed at generating mobility, to ensure that labour shortages are not simply being exported from one country to another.

As seen in the Italian and the Greek case studies, measures by national and regional employment agencies have helped lessen labour demand in the care sector by turning to immigrants and potential immigrants in their original countries. Such schemes should be developed while taking into consideration two main problems. First, it may increase labour supply problems in the country of origin. Second, cultural clashes which could arise between a carer and a care recipient should be reduced – through training and information, for instance. NGOs for immigrants can facilitate this process and may need financial and organisational support.

National employment strategies could aim to equip foreign social care workers with the appropriate social and linguistic skills essential in providing quality care. There is insufficient knowledge about the effects of skilled labour migration to the EU. Research programmes and marketing policies could be initiated to improve the image of migrant workers, and to review the effects of migration on both recipient and sender countries.

Gender-balanced workforce

The high proportion of women in the European social care workforce points to a need for developing further polices, at national and EU levels, specifically aimed at attracting more men. The Finnish case study is an example of an initiative that aims to achieve a better gender balance in the care workforce, using European Social Fund resources. However, supply side policy measures cannot be developed in isolation. Measures are also required to alleviate the increased demand for home care services created by higher workforce participation rates among women. Flexible employment policies aimed at ensuring that both men and women can achieve an earner/carer work–life balance could alleviate some of these increasing demand strains.

The proportion of women working in the social care sector has been partially influenced by increasing female participation in the labour force over recent decades. Increasingly, traditional unpaid work (including the care work most commonly carried out in the home by women) has been transformed into paid jobs, enabling more women to become economically active. As a consequence, some of the women entering the labour market have turned towards employment opportunities in social care. This trend has in turn had some influence on the overall supply and gender balance of workers in the sector.

One strategy that policymakers and social partners could consider for increasing labour supply in a predominantly female sector would be devising measures to attract more men. The research findings highlight both useful general measures, such as increased pay and flexible working arrangements, and more specific approaches, such as targeting young men with information on careers in social care. The Hungarian and Bulgarian case studies both show how expanding the definition and scope of care services might attract more men into the sector, while the Finnish case study shows how the introduction of new technologies in the care sector can also attract men.

Moving towards a more gender-balanced care workforce could enhance the status of caring both in the family and in more formalised settings. EU-wide equal opportunity policies could consider the social care sector as an important field of action. Recognising caring responsibilities both within families and in formalised settings should be encouraged at national and EU level.

Better working conditions

More favourable working conditions and pay will contribute to the attractiveness of the sector. Pay levels for carers in some of the countries studied is close to the minimum wage, despite the skills required for working in the care sector. Such pay levels contribute to the poor image of the care sector. Moreover, many employees perceive care work as a totally unattractive form of work.

Many issues need to be addressed in order to enhance the attractiveness of social care employment across all Member States. Improving pay levels is an obvious means by which to increase the attractiveness of social care work among existing workers, but unless such increases are significant and permanent, their effectiveness in attracting new workers is debatable. Raising wages in Hungary has proved an important element in increasing labour supply, while in Romania, societal recognition, enhancing contact with care recipients, and higher levels of positive feedback have all contributed to work satisfaction. The challenge for policymakers is to address aspects of social care employment that are unattractive to potential recruits. These include:

- physical and emotional strains and stresses;
- irregular working hours;
- a heavy reliance on part-time and short-term contracts;
- geographical and professional isolation;
- lack of a clearly defined career path.

More extensive research into the working and living conditions of formal carers could identify obstacles to further growth in one of the most potentially dynamic employment sectors in the EU. Involving care workers in the organisation and design of their work routines could help to identify problems and reduce high staff turnover. In addition, vocational training is needed to address the issue of dealing with physically and emotionally demanding working conditions.

Training opportunities

Rapid employee turnover in the care sector has been compounded by the 'recycling' of employees, by low wages and by unclear career structures. To combat this problem, training programmes have been tailored to ensure that existing employees have the opportunity to gain qualifications and improve their career prospects; such programmes also ensure that new potential carers are enrolled into the caring system. Permanent positions are offered as incentives to undertake training; this reduces the risk of ongoing, expensive recruitment and ensures a well trained workforce.

The Finnish case study shows how the introduction of occupational well-being experts into the state sector can help prevent burnout and increase satisfaction among employees. The Bulgarian case study highlights the importance of individual supervision and case conferences. Since 1991, the Foundation has conducted representative surveys on working conditions throughout the Member States, every five years. The data show that the social sector did not rate that poorly in comparision with other sectors (except with regard to discrimination). However, 'workers in the social sector report relatively high levels of work-related stress problems. The fact that these workers are at high risk of discrimination and intimidation may be responsible for this.' Houtman (2002) adds that longitudinal comparison shows rising levels of demand and problems in relation to skills. Working conditions in the care sector should be an important part of policymaking; there have been a number of such initiatives in the countries studied in this project. Initiatives focusing on retaining employees at work for longer are needed, especially in light of the European Employment Strategy's goal of increasing the labour market participation of older workers.

Measures to increase professional levels and training could contribute to making the sector a more attractive place to work, while improving the quality of services. Specific attention should be paid to health and safety training that helps employers and employees address the problems of physical workloads, stress and burnout. Policymakers at local, regional, national and EU levels should, however, be careful not to set the professional requirements too high, as this could deter potential workers from entering the sector.

Policies designed to improve the quality of working conditions could aim at developing clear progression paths and at improving international networking between social care employees, and between social care employees and professional associations.

Lifelong learning

Job creation initiatives are essential for meeting the growing demand for care services and workers. Promoting lifelong learning, should be a key area for policy development to further such job creation.

In the German case study, the need for on-the-job training of existing workers has been acknowledged and is financed through federal agencies. The development of training programmes that enhance the quality of the existing workforce and that target new employees could be at the forefront of initiatives aimed at making the care sector a more attractive option for workers and at addressing the issues of high staff turnover. Despite the potential risk of further isolating those who lack basic qualifications, lifelong learning and transferable skills are vital for the potential mobility of care sector employees. The development of trained, multi-skilled staff would also contribute to the quality of services offered.

The European Employment Strategy has a leading role to play in the implementation of the employment objectives of the Lisbon Strategy. One of the four priorities for action identified by the Employment Taskforce is to invest more effectively in human capital and lifelong learning. Developing lifelong learning and implementing high quality education and training measures in the care sector is required. The EU could faciliate the development of human resource management strategies for workers through support for practical education, through the establishment of career paths, and by enabling the supervision and monitoring of workers. Links could be made between

national and EU initiatives that promote the sector as an attractive, progressive place to work and those that promote training and lifelong learning.

Training and accreditation programmes should be sufficiently vocational in nature to ensure that workers develop relevant practical skills as well as academic recognition. Establishing a set of basic rights for workers in the care services (paid holidays, sick leave, right to training etc.) is also important. Developing a reliable data collection framework across all Member States on employment numbers in the different care subsectors would help estimate future training needs.

Accreditation for care workers

Creating better qualification levels helps to secure better payment opportunities for care workers, while enabling them to respond to future needs through a more innovative curriculum. Closely linked to investment in human capital and training is the issue of accreditation. Qualifications can ensure that any training taken is recognised, provide a benchmark for quality and investment in human capital, and offer a more structured, 'professionalised' approach to training prior to and during employment. Accreditation can also enhance the employability and professional mobility of employees, both sectorally and geographically, as well as alleviating issues of quality, staff retention and turnover. The recognition of qualifications at EU level concerns both employment and mobility, two of the cornerstones of EU policy, and has the potential to improve both the supply of labour to the care sector and the quality of services it can offer.

National qualification programmes and accreditation for care workers could be implemented in the Member States. These could be linked to studies undertaken at EU level on the recognition of qualifications and worker mobility. An inclusive approach to accreditation could be aimed at improving confidence in qualifications for care workers and at encouraging those at all levels of the sector to be involved.

Support for informal carers

Care work carried out by family members, non-kin carers or volunteers should be better appreciated. Informal carers, who also work outside the home, face a double strain and enjoy less job security at their workplaces. Carers of the elderly, meanwhile, can overburden themselves without realising it. Establishing formal services for informal carers could be one way of assisting their work, which in turn would boost formal employment. In this way, informal care could be linked to formal care that helps to maintain quality and to resolve professional questions. Thus, the status of informal care should be strengthened in all policy areas of the EU. Recent policy developments, such as the long-term insurance schemes in Germany, lead towards better recognition of informal care. However, cultural differences across the EU regarding the extent and acceptance of informal care should be taken into account.

Formal and informal care provision are usually treated separately in statistics and policy measures; however, both types of care provision tend to be closely related. The case studies presented show that informal carers are readily attracted to the formal care sector after some professional training and can also find the work more rewarding.

Volunteer groups such as the Greek breast cancer peer group can be very supportive, even though the group members have little previous caring experience. Providing additional support to such

groups could be the most effective measure for enhancing the services that they provide. Support for informal carers, mechanisms to encourage the cohesion of local communities, better conditions for volunteer workers and greater involvement of students and people in training should all be prioritised. For example, voluntary work could be regarded as a bridge between unemployment and employment, or employment and retirement. Improving the position of formal employment in the labour market might also concern volunteers and informal carers.

In EU social policy agenda, there has been a shift towards the increased provision of respite care. As the Czech and UK case studies outlined, respite care arrangements have been made available for informal carers. The EU might focus its policy framework on employed carers and recommend that national governments permit greater flexibility in the workplace and support systems through active labour market policies. Such policies could foster a 'carer-friendly' society with flexible employment practices and social services that provide information, support and counselling.

Respite is important in the EU care industry, as it enables informal carers to continue their work by reducing the pressures and stresses associated with care. Without the continuing work of informal carers, many care recipients would face institutionalisation, increasing the burden on the EU care sector and further compounding labour supply shortages.

Improving the status of informal carers

Concern about the ageing of the population has led to assertions that the informal sector must play an increasing role in providing support and care. Such assertions are associated with two sources: those dealing with the mix of welfare provision and stemming from a feminist critique of the welfare state. Studies on the different forms of welfare states have focused on the mixed delivery of social services in the last 10 years, as is reflected in Esping-Andersen's book, *Social foundations of postindustrial economies* (1999). The welfare state is considered as only one of the members of the welfare triumvirate managing social risks, alongside the market and the family (Johnson, 1999). Feminists, on the other hand, have criticised welfare state theories, preferring instead the policy of de-familisation – a policy committed to actively lessening the caring burdens of the family. They claim that post-war welfare states have not managed to release women from their burden of care nor from the welfare responsibilities traditionally regarded as female duties.

It is increasingly difficult to ignore the costs of caregiving borne by those who provide care on an informal basis to friends and relatives. Attempts in the short term to restrict public expenditure by shifting the costs of caregiving into the private, informal family sector should not overlook such private costs. The financial consequences of informal caregiving include the carer's lessened availability in the labour market, their marginalisation within the work environment and their reduced ability to build up social insurance.

For the foreseeable future in the EU, it appears that the family will remain the main supplier of care. It is increasingly important, therefore, that this form of labour is recognised and rewarded. Care systems have to recognise and better incorporate informal care in order to strengthen the existing systems and enhance cooperation. In particular, informal carers need to be given the flexibility and opportunities to undertake paid employment in other areas of the care sector, or in the labour market in general. Respite care can help provide these opportunities and should be seen as a potential driver of new employment opportunities.

By introducing services based on the needs of both the carer and care recipient, it can also have a positive impact on the quality of care received.

Families and social networks are key contributors to social care. Policymakers and social partners could support informal carers, especially by developing more family-friendly employment policies. This would allow employees to take time off to care for their relatives. Measures to improve the work–life balance of Europeans could greatly improve the supply of direct care for families and for people with dependent needs.

Formalising and legalising undeclared care work

Undeclared care work poses two particular problems for the EU. First, as the Joint Employment Report states: 'Undeclared work creates unfair competition between businesses and acts against a lasting integration of the workers concerned in the labour market.'

Second, it has a negative effect on the broader working environment: 'Undeclared work affects the quality of work of those concerned, social cohesion, the overall business environment. The Employment Guidelines therefore call for a comprehensive approach, combining the simplification of the business environment, reforms in tax and benefit systems, improved law enforcement, the application of sanctions and efforts to measure the extent of the problem and the progress achieved' (European Commission, 2005).

In the formal sector of care work, the rise in undeclared work poses a threat to achieving higher standards of care provision in the formal sector and to securing improvements in job quality. As well as being illegal, undeclared work makes it difficult to identify the characteristics of a significant proportion of the social care workforce. It also means that a significant number of carers are unable to take advantage of the benefits of declared work, such as ensuring access to appropriate employee rights and protection and to job-related training and careers.

Achieving economically viable demand for care services is essential for the emergence of new formal jobs, since income is a major factor in the choice between formal or informal care provision. As the case studies show, state incentives to encourage job creation in the sector have been provided in France, Italy and Finland. In France, for example, measures aimed at strengthening purchasing power on the demand side have been introduced. These measures include tax credits or tax exemptions for households employing a care worker on a formal basis. A significant proportion of the resultant 'new' jobs correspond to the formalisation of the previously undeclared labour. This type of government initiative, which has been used in other countries, has four potential positive effects upon the position of the care sector in the labour market:

- First, measures have been introduced to cut labour costs for households with a view to reducing the level of informal work in the care service sector. These measures have included reductions in VAT or exemption from employer's social security contributions for private households that employ care workers on a formal basis.
- Second, the French state has introduced measures aimed at strengthening purchasing power on the demand side. These measures include tax credits or tax exemptions for households employing a care worker on a formal basis. They may or may not include conditions based on the collective definition of 'care needs' for certain target groups.

- Third, attempts have been made to simplify the administrative procedures involved in employing care workers in private households. These measures have mainly been designed to reduce the levels of undeclared work in the care services sector, but they may also help to improve the quality of care services provided, notably through the provision of mandatory training schemes for care workers.
- Fourth, efforts have been made to make employers more sensitive to the care service needs of their staff, and to encourage private for-profit and public sector employers to contribute to the funding of care services for the benefit of their staff or their families.

EU employment policies could encourage further formalisation of the undeclared work sector, through supporting state initiatives such as tax breaks, and through recognising and approving the importance of new services. Another measure that could help to reduce the level of undeclared work in the sector would be the adoption of financial reforms. Also helpful in this regard would be to secure equality of treatment for various client groups (the elderly, children, people at risk, etc), forms of service provision (home and residential care) and service providers (public and non-governmental). This would also lower the barriers between public sector providers and NGOs and enhance the cost-efficient transfer of human capital. Supporting studies regarding the comparative costs and benefits of such initiatives could be useful in publicising these efforts at EU level.

Financial sustainability of care systems is one of the three main goals of the EU in its agenda for care services for the elderly. A number of other measures that could be encouraged at a European level are government initiatives to make declared work accessible, the strengthening of purchasing power on the demand side, and the transfer of experience.

Undeclared migrant workers

As well as addressing labour mobility across EU boundaries, some Member States have actively targeted care workers from countries outside the EU in order to redress the current shortage of domestic social care workers. However, problems might arise if these care activities are provided in an undeclared form. If relevant qualifications held by migrants from other countries were recognised, this could help to reduce the degree to which many migrant workers are driven towards undeclared work. Another important issue is the minimising of cultural clashes between immigrant care providers and care recipients. The example of employment brokers matching appropriate carers with care recipients, as shown in the Italian case study, is one worth taking note of.

Providing services at regional level

Downscaling of institutionalised care

Job creation in the social care sector partly depends on the further 'externalisation' of caring activities, which have traditionally been provided by the family. This process is already underway in all the Member States and acceding countries, and needs to be harnessed through further encouragement of entrepreneurship and the development and recognition of partnership between the public, private and voluntary sectors.

Over the past 20 years, there have been considerable changes in the way social care services are organised, regulated and delivered. The recent EC communication on social care (European Commission, 2004a) calls for 'effective governance based on involving and giving responsibility to

the players concerned – including the social partners, regional and local authorities, patients and civil society'. The EC also considers the 'coordination of care providers, financial organisations, NGOs and the public authorities as key to the development and reform of the systems'.

The ability to effectively meet the needs of the community has led to a general shift, by governments in most EU countries, away from the role of care provider to the role of care purchaser. This has created an internal market where local authorities have become responsible for creating and monitoring care packages. Through contracts, the purchasers specify the types of services they require and agree with a provider the level and cost of such services. The logic of this is that purchasers can commission the most economic providers, while at the same time, promoting the development of a flourishing independent sector – containing both voluntary and private providers – to widen consumer choice, stimulate innovation and encourage efficiency and entrepreneurship.

The last decade has witnessed the downsizing of institutionalised services and the growth of outpatient and home care services. This has provided opportunities for private operators to move into the market. An expanded role for the third sector (non-profit organisations and socially driven cooperatives) is also viewed as a promising source of new jobs in the coming years. Delivering care services at a local level is an important aspect of identifying and developing demand for labour and providing the services required, specifically tailored to the care needs of the community. Linking the role of the third sector to the creation of new user markets through 'externalising' caring activities can be seen as one mode of job creation and a way of encouraging entrepreneurship.

Addressing gaps in resources and regional services

Government subsidies and financial support are important ingredients for the further development of social services. While raising pay levels could alleviate labour shortages, it could also put pressure on public resources. Shifting the burden of responsibility from the public to the private sphere could also have a range of effects. On the one hand, a free market approach could increase remuneration and therefore attract more workers to the sector. On the other hand, there is a real danger that the free market may exclude the most needy people from receiving care, as they will be unable to pay for services.

There is an urgent need therefore for strategic, demand-driven allocation of resources, to prevent the exclusion of certain parts of the population from services. The areas where demand for social care is highest, such as rural communities, might become most deprived of human resources or of the communal financial resources required to maintain services. Equal access to social services has been put on the EU agenda through the European Commission's Communication on the future of health care and care for the elderly (European Commission, 2001).

One of the main barriers to accessing quality social care arises from regional imbalances. Thus, regional and locally-targeted initiatives are crucial in identifying and meeting demand. Special programmes aimed at helping disadvantaged regions to develop their social services could be encouraged. Regionally managed service provision could also foster cooperation between smaller authorities and create more forward-looking, effective service provision. The National Action Plans (NAPs) on social exclusion could take into account regional disparities and the rural–urban divide in access to good quality social care. Social provision in rural areas, according to the case studies,

is less developed than in urban areas. EU and national governments could therefore focus their resources on support for developing and maintaining services in rural areas. The transformation of social services might lead to the closure of less sustainable services. The European Regional Development Fund and national regional development funds could provide further support in this respect.

The EU could foster better use of community-planning frameworks and empower regions in their capacity to effectively match demand and supply in the care sector and to unleash potential resources. Collection of care provision statistics at European level could be broken down to regional level statistics.

Sustainability of services

Sustainability of services is one of the biggest challenges facing the social care sector throughout the EU, particularly in fragile rural areas and regions.

Regulation and provision of care has changed dramatically over the past 15 years, in response to increasing demand for care services and the changing roles of the public, voluntary and private sectors. In terms of labour supply, a more open free market approach to provision has the potential to attract more workers to the sector and to enhance consumer choice and quality. The other side of this, however, is that as care recipients become service buyers, those without the necessary income will be further isolated by their inability to pay for care. In this respect, the state still has an important role to play, particularly with regard to regulation and quality assurance. Future partnerships will have to involve public, private and voluntary sectors in the delivery of flexible, client-focused, quality care, as well as in the coordination of more cohesive approaches to addressing labour shortages and the promotion of preventive care.

Entrepreneurship may be encouraged through the promotion of partnerships between the public, private and third sectors and the introduction of incentives to encourage the further externalisation of services. State regulation needs to balance social inclusion with policies aimed at stimulating entrepreneurship and the involvement of the private sector. Supporting healthy competition among providers may lead to better services and increased consumer focus. Appropriate changes in the financial and legislative structures could encourage a competition-friendly environment, which in turn might increase efficiency.

Knowledge transfer

The case studies highlighted the importance of knowledge transfers in the European care sector. Knowledge gathered from past experiences has many benefits, as well as some limitations. Transfer of knowledge and experience, as well as the building of international networks of care organisations, can be facilitated through cooperation between 'national branches' of the same organisation, such as church-based organisations or international organisations such as Home Help. International consultancies are used by public social services in Europe. Knowledge transfers are also relevant in educational systems, such as management and supervision systems. Another example is a community-planning initiative in the Czech Republic, which has its roots in a UK planning approach.

However, problems relating to policy transfer should not be ignored. Knowledge transfer requires adaptation to local circumstances; innovative methods cannot merely be replicated. Financial and

time constraints are the main obstacles to adaptation. In the case of the 'phone care' system, for example, certain policy changes had to be made to adapt the system to local conditions. In Finland, the private sector runs this service and customers pay for the installation of the equipment, its maintenance and for visits. Such a practice would be an obstacle to service users in poorer countries. Therefore, in Hungary it has been changed to a publicly-funded service. Means testing ensures that the most disadvantaged elderly people receive the service, while national coverage guarantees that rural areas also receive services.

A high level of knowledge transfer is one of the most important strengths of the EU. Regardless of the policy area and the different institutional settings, policy transfer 'fertilises' national social policies. Exchange programmes need to be continuously facilitated and supported at EU level. For example, an exchange programme for social care workers in the EU could help disseminate new initiatives and assist with the personalised transfer of knowledge.

Dissemination of good practices has proved successful in fostering innovation in the social services. Introducing initiatives that would help build an international care services 'good practice model', such as a 'good practice website', could help providers in making direct connections with each other.

Improving the public image of the sector

Care work makes an important contribution to modern society. However, the work is often done invisibly by family members or in private households. Society acknowledges the work only when it comes to utilising the services of and drawing benefits from the welfare state. The media and other opinion-forming channels often portray the sector as one that imposes a financial burden on societies. Moreover, employment in the sector is often presented as poorly paid, menial and monotonous.

As shown in the case studies, efforts to improve working conditions and enhance training levels in the sector will only be appreciated by society at large if it corresponds to a better public image of the sector. Nonetheless, as many initiatives have shown, a constructive HRM approach to working conditions can also enhance job satisfaction among care workers. Such an approach could include offering better salaries, better-planned career paths, training or supervision. It is also important for public relations purposes that the challenging and autonomous features of the social care work sector be highlighted.

Improving the public image of the sector is central to developing better services and attracting a new workforce. Currently, there appears to be a perception that the care sector is made up only of women in low-paid jobs. Such a perception deters high-quality female workers who are entering the labour force for the first time but are seeking employment elsewhere. It is predicted that the effects of such a perception will worsen unless intervening steps are taken. Also problematic is the perceived lack of good quality services, which can deter people from seeking professional help.

It is important to present the care sector and ageing society as an opportunity rather than a burden for the European social model. The image of the profession could be improved through running public campaigns, by encouraging the entrance of young university graduates into the sector and by dispelling the perception of care work as an inherently female function that involves caring for

helpless individuals. Specifically designed programmes, at the EU level, could facilitate this change of perception across all EU Member States. Such programmes could also build networks of professionals that would facilitate the exchange of experiences and promotion of good practice. Public confidence in the sector would be bolstered by a portrayal of care workers as flexible and multi-skilled.

Delivering quality care

Withdrawal of direct service provision by the state has raised some concerns about the quality of care. In the past, some Member States authorised agreements, between local public authorities and private service providers, that lacked rigorous controls or selection procedures. Such a move poses serious risks to the quality of care services provided.

The state has an important role to play in terms of ensuring quality of services through their regulation. Regulation sets minimum standards and provides a legal framework for the provision of quality care services. While it is accepted that the workforce is critical in providing quality care, workers are just one element in the system of care. How to achieve a desired standard of care across many different service providers (increasingly managed by independent agencies rather than local authorities) is one of the most pertinent questions in the care sector.

Better quality services will build public trust in those services, thus leading to the creation of more formal employment in the sector. Therefore, the introduction of quality measurement systems in the care sector can have multiple positive effects. An independent classification system helps to guide clients and to gives them more confidence in using the social provision system. From the provider's perspective, quality measurements and comparison with other providers creates an atmosphere of competition, challenging old-fashioned, routine services and encouraging improvement and innovation. Managers are encouraged to engage in more open consultation with workers, giving them more influence in the everyday running of services. However, planning of quality assurance should take into account the limited time that social care workers have to conduct such measures particularly as job satisfaction tends to be low in the care sector, leading to burnout. Quality measures can help, however, to resolve intra-institutional disputes and at the same time improve care workers' satisfaction with their job and the service they provide.

The 'open method of coordination' (OMC) applied in the field of long-term care has 'high quality of care' as one of its three main objectives. It is important that this objective should be supported at all levels of administration, from EU to municipal level. The EU could support national strategies for high-quality social care through a better use of OMC. Governments could set quality assurance standards and monitor their implementation and delivery.

Supporting modern methodological guidance has proved an effective measure for enhancing quality assurance. Methods of social work in the area of user needs' recognition, quality assurance, planning and risk management are just a few areas of policy interest in this field. Public administration at the local level and providers of effective social care could be better acquainted with quality issues through the support of national and EU policy administration. Further research in the area of effective quality assurance could be supported at EU level.

User-oriented approach

There has been an increase in the empowerment of care recipients and the transformation of service users into service buyers. The more actively involved service users are in determining the content of care, the more likely it is that care services will be greater suited to the individual's values, culture, attitudes and circumstances. Empowerment of care recipients enables them to purchase their own care and have the security assurance of contractual rights.

This can potentially influence the quality of care, as low standard care services would simply not be 'bought'. At the same time, care recipients could tailor a care programme to their specific needs, again raising quality and improving delivery. Ungerson (1997), for example, suggests the introduction of voucher schemes. Whether those on the margins of society have any say in the design of services, however, remains a major concern.

Cancedda (2001) stresses the importance of user-oriented policies that focus on making care services more responsive to demand, by expanding services when there is high demand and stimulating the establishment of flexible, client-focused services through public/private/third sector partnerships. Care services can also be made more responsive by the coordination of more coherent approaches to labour shortages and through the promotion of preventive care.

Different service providers have applied different quality assurance models. A common theme is the involvement of service users. There is a need to change the focus from the technically-based, supply-driven organisation of services to demand-driven approaches.

Member States could promote the transformation of care recipients into customers of care services by supporting direct payment/personal budget schemes and other forms of user empowerment. This process of empowerment and promotion of independent lifestyles would also make service providers more responsive to the needs of the service users and raise the quality of the service. The EU could do more to support the paradigm shift in care from service users to service buyers. This move would increase flexibility and the quality of service provision in the care market through greater competition. EU programmes in the fields of employment and social policy could incorporate 'customer empowerment' as a policy statement and as an indicator for success in policy evaluation.

Personal assistance programmes

In order to facilitate independent living, care recipients are increasingly taking a leading role in developing the objectives and the methods of support. In the EU and acceding countries, personal assistance programmes are new initiatives that have the potential to increase the labour supply pool, as seen from the examples in the case studies. Labour supply can be increased through establishing new and better services and also through equal opportunity measures.

Personal assistance initiatives for disabled people, based on the principles and values of independent living, are a relatively new form of intervention. Started in the US, the service found its way to Europe through the efforts of British and Swedish organisations for disabled people. Further knowledge transfers are envisaged, as personal assistance programmes have already been started in Italy, France, Slovenia and Bulgaria. The service represents an important paradigm shift,

as it is the environment, and not the person, that becomes the object of the intervention. The challenge for EU Member States is to find viable ways of supporting this development.

Personal assistance service schemes operate in many European countries and have been effective in improving the quality of life of clients with high support needs. Evidence also suggests that such schemes have a marked positive effect on labour supply by creating new employment possibilities and attracting employees from groups otherwise excluded from the general labour market (such as the long-term unemployed or poorly qualified workers) and from the care labour market in particular – young people or men.

Arising from the above conclusions, national and local governments, as well as EU institutions, could support the 'money-follow-the-client' approach (personal budgets or direct payments) in social services, as a valuable option alongside traditional service provision.

Benefits of new technology

Social care services are labour intensive. As the demand for care rises (due mainly to an ageing population) and as the supply declines (due to a falling female involvement in care) the potential exists for a shortfall. Technological advances in care and the substitution of human resources with ICT can help to maintain the balance. One alternative to institutionalisation, for example, is to provide care recipients with a home alert mechanism, which uses voice and electronic communication. As a result, clients can be more independent and remain in their own familiar surroundings. In addition, informal carers' feelings of security are strengthened.

In announcing its plan to release a Green Paper, the European Commission underlined a balanced intergenerational approach as a condition for the success of social protection reforms (European Commission, 2005c). As technological advancements are also a core value in the revised Lisbon Strategy, wider Commission support for quicker and smoother emergency care development would offer one possible solution to help tackle the ageing issue.

ICT has been identified as one of the most important drivers for economic growth in the EU. Use of modern technologies could offer more cost-effective ways of providing social services, reducing demands and improving services. Member States could look increasingly at new technologies and initiatives that encourage more independent living among the elderly and that reduce the physical workload of social care workers.

Conclusion

The prospect of an ageing population makes the European social model more vulnerable. Increasingly, the viability of social services depends on Member States and the EU policymakers responding swiftly to the challenges of ageing.

Ageing will mean that a growing share of the population will need social services in the future. The proliferation of social services and the demand for more personalised care services are also adding to the growing demand for care workers. Moreover, the changing role of the family means that communities will increasingly have to help families fulfil their caring responsibilities and intervene in cases of family breakdown. Provision of care involves labour supply issues and puts a substantial financial burden on families and on local and national budgets. In a harsher economic environment, the financial sustainability of such services is a matter for concern.

This study investigated some of the most innovative practices underway in selected EU and acceding countries, and reached a number of important conclusions about the future of the social care sector. First, improving the number of care workers will be one of the major challenges in the near future. There is a growing need to attract new university graduates; to this end, the profile of care work qualifications should be raised. At lower labour levels, the entry to the sector of more members of disadvantaged groups, the unemployed, mid-career female returnees and the elderly should be encouraged. The sector is projected to attract high levels of migrant workers, both EU and non-EU nationals. Specific measures to credit such workers' existing skills, such as EU-wide qualifications and accreditation as well as language training, could ease this transition. The social care sector could be an important area for active labour market policies.

Targeting the high turnover and early burnout of care workers will be another major challenge. Resolving the challenge would help to attract new entrants to the labour force and ensure a high level of work satisfaction throughout the career path. To achieve this, vocational on-the-job training and lifelong learning could be introduced. Effective supervision and good human resource management could minimise career abandonment. Acquiring up-to-date competencies, in line with the changing care culture and requirements, could have a major bearing on the quality of care work.

National policymakers need to develop strategies to reduce the financial burden on their social provision systems. In line with the overall need for more personalised services, the move to more informal care provision seems inevitable. Thus, supporting informal care either through financial incentives or through support services will be one of the major challenges in the coming years.

Bibliography

Abrahamson, P., 'The welfare modeling business', *Social Policy and Administration*, Vol. 33, No. 4, 1999, pp. 394–415.

Affichard, J.L. et al, European Foundation for the Improvement of Living and Working Conditions, *The social situation in Member States of the European Union: The relevance of quantitative indicators in social policy analysis*, Luxembourg, Office for Official Publications of the European Communities, 1998.

Alber, J. and Fahey, T., *Perceptions of living conditions in an enlarged Europe*, Luxembourg, Office for Official Publications of the European Communities, 2004.

Aliaga, C. and Martine, N., 'Les relations familiales et sociales des personnes âgées résidant en institution', *Etudes et Résultats*, 35, 1999, pp. 1–8.

Andall, J., *Gender, migration and domestic service: The politics of black women in Italy*, Aldershot, Ashgate, 2000.

Anderson, R., *Health risks and resources in the life course and in different living arrangements*, Paper presented at the seminar, 'The family in the health system: A cost-raising or cost-reducing factor?' organised by the European Observatory on the Social Situation, Demography and the Family, Tutzing, Germany, 20–22 June 2003.

Anheier, H.K., *Social services in Europe: Annotated bibliography*, Observatory for the Development of Social Services in Europe, Frankfurt, 2000.

Anheier, H.K. and Kendall, J., *Third sector policy at the crossroads: An international non-profit analysis*, London and New York, Routledge, 2001.

Antonnen, A. and Sipila, J., 'European social care services: Is it possible to identify models?', *Journal of European Social Policy,* Vol. 6, No. 2, 1996, pp. 87–100.

Attias-Donfut, C. and Renaut, S., 'Vieillir avec ses enfants. Co-résidence de toujours et cohabitation', *Communications,* 59, 1994, pp. 29–53.

Audit Commission for Local Authorities and the National Health Service in England and Wales, National Assembly, *People need people: Releasing the potential of people working in social services*, London, Audit Commission, 2000.

Baldock, J., 'Social care in old age: More than a funding problem', *Ageing & Society*, 20, 1997, pp. 543–70.

Beresford, P. and Trevillion, S., *Developing skills for community care: A collaborative approach*, Aldershot, Arena, 1995.

Bertelsen, F. and Žalimiene, L., SIDA, Department for Europe, *Social policy and community social services development project in Lithuania*, SIDA Evaluation, 4 December 2004.

Bien, B., Wojszel, Z.B., Wilmańska, J. and Sienkiewicz, J., *Starosc pod ochrona Opiekunowie rodzinni niesprawnych osób starych w Polsce Porównawcze studium srodowiska miejskiego i wiejskiego [Old age under protection, Home carers of disabled old people in Poland, Comparative study of urban and rural area]*, Bialystok, Oficyna Wydawnicza Text, 2001.

Byford, S. and Sefton, T., 'Economic evaluation of complex health and social care interventions', National Institute Economic Review, No. 186, 2003. pp. 98–108.

Bytheway, W.R., *Understanding care, welfare and community: A reader*, London, Routledge, 2001.

Cameron, C. and Moss, P., *Care work in Europe: Current understandings and future directions*, Thomas Coram Research Unit, London, 2004.

Cameron, C., Mooney, A. and Moss, P., 'The childcare workforce: Current conditions and future directions', *Critical Social Policy,* Vol. 22, No. 4, 2002, pp. 572–95.

Cancedda, A., European Foundation for the Improvement of Living and Working Conditions, *Employment in household services*, Luxembourg, Office for Official Publications of the European Communities, 2001.

Caritas/Migrantes, *Immigrazione. Dossier statistico* 2003 [Immigration. Statistical Dossier 2003], Rome, Anterem, 2003.

Christopherson, S., *Childcare and elderly care: What occupational opportunities for children?* Paris, Organisation for Economic Cooperation and Development, 1997.

Colombo, A., 'Il lavoro domestico in Italia: Razza, genere, classe', *Polis*, Vol. 2, 2003, pp. 317–342.

Constantin, D.L., Vasile, V., Preda, D. and Nicolescu, L., *Fenomenul migraţionist din perspectiva aderării României la Uniunea European? [The migration phenomenon from the perspective of Romania joining the European Union]*, Institutul European din România, 2004.

Coomans, G., *Labour supply in a European context: Demographic determinants and competence issues*, Paper presented at conference 'Care workers: Matching supply and demand – Employment issues in the care of children and older people living at home', Sheffield Hallam University, 20–21 June 2002.

Cree, V.E., *Becoming a social worker*, London, Routledge, 2003.

Crompton, R., *Restructuring gender relations and employment: The decline of the male breadwinner*, Oxford, Oxford University Press, 1999.

Csörszné Zelenák, K., *Falugondnokság - A vidékfejlesztés szelíd módszere [Village caretaker services – A soft method of rural development](in Hungarian only)*, Budapest, Magyar Tanya- és Falugondnoki Szövetség, 2004.

Daly, M., 'Care as a good for social policy', *Journal on Social Policy*, Vol. 31, No. 2, 2002, pp. 251–70.

Daly, M. and Rake, K., *Gender and the welfare state: Care, work and welfare in Europe and the USA*, Cambridge, Polity, 2003.

Daly, M. and Lewis, J., 'The concept of social care and the analysis of contemporary society', *British Journal of Sociology*, Vol. 51, No. 2, 2000.

Daly, M.(ed.), International Labour Office, *Care work: The quest for security*, Geneva, ILO, 2001.

Dares (*Direction de l'animation de la recherche, des études et des statistiques)*, Ministre de l'emploi, de la cohésion sociale et du logement, 'Le chèque emploi service : un an d'expérimentation', in *Premières Informations*, no. 502, 22 December 1995.

Davies, M., *Essential social worker: Introduction to professional practice in the 1990s*, Aldershot, Arena, 1994.

Dedoussi, A., *Attitudes of social workers*, A research paper presented as part of the proceedings of the national conference of the Hellenic Association of Social Workers, Social Services and Social Work in Health and in Welfare, Athens, 1996.

Department of Health, *Caring about carers: A national strategy for carers*, London, Department of Health, 1999.

Department of Health, *Community Care Statistics 2001: Home care services for adults, England*, London, Department of Health, 2002.

Department of Health and Department for Education and Skills, *Promoting the status of social work: A consultation on the timetable to implement protection of the title 'social worker'*, London, Department of Health, 2003.

Éliás, Z. et al, *Hosszú távú eroforrás fejlesztési és szervezési stratégiák a Nyugat-dunántúli régió szociális munkaeropiacán [Long-term resource management and organisational strategies in the labour market for social services in the region of Western Danubia]*, Ministry of Youth, Family, Social Affairs and Equal Opportunities, Budapest, 2004.

Escobedo, A., Fernandez, E., Moreno, D. and Moss, P. (eds.), *Surveying demand, supply and use of care consolidated report, Care work in Europe*, London, Thomas Coram Research Unit, Institute of Education, University of London, 2002.

Esping-Andersen, G., Gallie, D., Hemerijck, A. and Myles, J., *A new welfare architecture for Europe?*, Report submitted to the Belgian Presidency of the European Union, 2001.

Esping-Andersen, G., *The three worlds of welfare capitalism*, Cambridge, Polity, 1990.

Esping-Andersen, G., *Social foundations of postindustrial economies*, Oxford and New York, Oxford University Press, 1999.

European Commission, *A concerted strategy for modernising social protection*, Brussels, Office for Official Publications of the European Communities, 2000.

European Commission, Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions, *Social Policy Agenda*, Luxembourg, Office for Official Publications of the European Communities, 2000.

European Commission, Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions, *The future of health care and care for the elderly: Guaranteeing accessibility, quality and financial viability*, COM (2001) 0723 Final, 2001.

European Commission, Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions, *Modernising social protection for the development of high quality, sustainable healthcare and long-term care*, COM (2004) 304 Final, 2004a.

European Commission, *Social situation in the European Union, 2003*, Luxembourg, Office for Official Publications of the European Communities, 2004b.

European Commission, *Civil dialogue and social policy in an enlarged European Union: Budapest, 23–24 June 2003*, Luxembourg, Office for Official Publications of the European Communities, 2004c.

European Commission, *More and better jobs for all: The European employment strategy*, Luxembourg, Office for Official Publications of the European Communities, 2004d.

European Commission, *A new partnership for cohesion. Convergence, competitiveness, cooperation: Third report on economic and social cohesion*, Luxembourg, Office for Official Publications of the European Communities, 2004e.

European Commission, Report from the High Level Group chaired by Wim Kok, November 2004, *Facing the challenge: The Lisbon strategy for growth and employment*, Luxembourg, Office for Official Publications of the European Commission, 2004f.

European Commission, *Social situation in the European Union, 2004*, Luxembourg, Office for Official Publications of the European Communities, 2005a.

European Commission, Green Paper, *Confronting demographic change – a new solidarity between the generations*, Luxembourg, Office for Official Publications of the European Communities, 2005b.

European Commission, Communication from the Commission on the Social Agenda, COM (2005) 33 Final, 2005c.

European Foundation for the Improvement of Living and Working Conditions, *Carers talking: Interviews with family carers of older, dependent people in the European Community*, Luxembourg, Office for Official Publications of the European Commission, 1993.

European Foundation for the Improvement of Living and Working Conditions, *Family care of dependent older people in the European Community*, Luxembourg, Office for Offical Publications of the European Commission, 1993.

Evandrou, M. and Glaser, K., 'Combining work and family life: The pension penalty of caring', *Ageing and Society*, 23, 2003, pp. 583–601.

Fahey, T., Whelan, C.T., Maitre, B., European Foundation for the Improvement of Living and Working Conditions, *First European Quality of Life Survey: Income inequalities and deprivation*, Luxembourg, Office for Official Publications of the European Communities, 2005.

Frey, B.S., *Economics as a science of human behaviour: Towards a new social science paradigm*, Boston and Dordrecht, Kluwer Academic Publishers, 1999.

George, V. and Wilding, P., *Globalisation and human welfare*, Houndmills, Basingstoke, Palgrave, 2002.

Glendinning, C.S. and McLaughlin, E., 'Paying for long-term domiciliary care: A comparative perspective', *Ageing and Society*, 17, 1997, pp. 123–40.

Gore, T. and Yeandle, S., European Foundation for the Improvement of Living and Working Conditions, *Care workers: Matching supply and demand*, Luxembourg, Office for Official Publications of the European Communities, 2003.

Gori, C., *Il welfare nascosto: Il mercato privato dell'assistenza in Italia e in Europa*, Roma, Carocci, 2002.

Hadjiiski, G., *The new institutional barriers after the adoption of the Integration of People with Disabilities Act and the regulations for its implementation* (in Bulgarian), Sofia, Centre for Independent Living, 2005, available at: http://www.cil-bg.org/7bulletin/pdf/barieri_red.pdf.

Hansen, E., 'Europe can help reduce vacancies', *Community Care*, 3–9 October, 2002.

Hantrais, L., *Social policy in the European Union*, Basingstoke, Macmillan, 2000.

Havrdová, Z. and Zamykalová, L., *Profesní struktura a kvalifikační předpoklady pracovníků v sociálních službách [Structure of professions and qualification requirements on workers in social services]*, Praha, VÚPSV, 2001.

Holzer, B. and Komp, K., *Inquiry about the demand for cooperation and consulting among social service providers in the Czech Republic, Hungary, Poland and Slovakia*, Frankfurt am Main, Observatorium für die Entwicklung der sozialen Dienste in Europa, 2004.

Houtman, I., Andries F., van den Berg, R., Dhondt, S., *Sectoral profiles of working conditions*, Luxembourg, Office for Official Publications of the European Communities, 2002.

Johnson, N., *Mixed economies of welfare: A comparative perspective*, London, Prentice Hall Europe, 1999.

Kavoura, M. et al, 'Quantitative and qualitative definition of essential nursing personnel in Greece' (in Greek), *Nosileftiki*, Vol. 42, No. 4, 2003, pp. 457–68.

Kröger, T., *Families, work and social care in Europe. A qualitative study of care arrangements in Finland, France, Italy, Portugal and the UK*, Workpackage 6, Final Report, Finland, University of Tampere, 2003.

Lamura, G. et al, 'The supply of care workers for dependent elderly in Italy: Current trends and future perspectives', Paper presented at the European Social Services Conference, Barcelona, 5–7 June 2002.

Lazaroiu, S., International Organisation for Migration, *Migration trends in selected EU applicant countries, Volume IV, Romania: More 'out ' than 'in' at the crossroads between Europe and the Balkans*, Vienna, International Organisation for Migration, 2003.

Lewis, J., *Gender, social care and welfare state restructuring in Europe*, Aldershot, Ashgate, 1998.

Lipsky, M., *Street-level bureaucracy: Dilemmas of the individual in public services*, New York, Russell Sage Foundation, 1980.

Matosevic, T., Forder, J., Knapp, M.R.J., Hardy, B., Kendall, J. and Ware, P., *No place like home: Independent domiciliary care providers in a rapidly changing market*, University of Manchester, Personal Social Services Research Unit, 2001.

Mooney, A., Statham, J. and Simon, A., *The pivot generation: Informal care and work after fifty*, Bristol, Policy Press in association with the Joseph Rowntree Foundation, 2002.

Moss, P., Commission of the European Communities, *Childcare and equality of opportunity: Consolidated report to the European Commission*, Brussels, European Commission, 1988.

Munday, B., *Good practice in European social projects: Lessons from a transnational project funded under the European Union's INTEGRA Programme*, Canterbury, European Institute of Social Services, 2000.

Munday, B., *European social services: A map of characteristics and trends* (report), Council of Europe (www.coe.int), 2003.

Munday, B., Lane, G. (eds.), *The old and the new: Changes in social care in central and eastern Europe*, Canterbury, European Institute of Social Services, University of Kent at Canterbury, 1998.

Neysmith, S., 'Home care workers discuss their work: The skills required to use your common sense', *Journal of Ageing Studies*, Vol. 10, No. 1, 1996, pp. 1–14.

Nocon, A., 'The roles of friends and neighbours in providing support for older people', *Ageing and Society*, 20, 2000, pp. 341–67.

Organisation for Economic Cooperation and Development, *Beyond 2000: The new social policy agenda*, Paris, OECD, 1997.

Organisation for Economic Cooperation and Development, *A caring world: The new social policy agenda*, Paris, OECD, 1999.

Organisation for Economic Cooperation and Development, *Starting strong: Early childhood education and care*, Paris, OECD, 2001.

Pacolet J., Bouten, R., Lanoye, H. and Versieck, K., *Social protection for dependency in old age in the 15 EU Member States and Norway*, Luxembourg, Office for Official Publications of the European Communities, 1999.

Parrenas, R.S., *Servants of globalisation: Women, migration and domestic work*, Stanford, CA, Stanford University Press, 2001.

Perrons, D., *Gender equality policies, the new economy and worklife balance*, Changing European societies: The role of social policy, ESPAnet Conference, Copenhagen, 13–15 November 2003.

Phillips, A. and Moss, P., *Who cares for Europe's children?*, The short report of the European Childcare Network, Luxembourg, Office for Official Publications of the European Communities, 1989.

Phillips, J., Bernard, M. and Chittenden, M., Joseph Rowntree Foundation, *Juggling work and care: The experiences of working carers of older adults*, Bristol, Policy Press, 2002.

Pickard, S., Jacobs, S. and Kirk, S., 'Challenging professional roles: Lay carers' involvement in health care in the community', *Social Policy and Administration*, Vol. 37, No. 1, 2003, pp. 82–96.

Putnam, R.D., *Bowling alone: The collapse and revival of American community*, New York, Simon & Schuster, 2000.

Qureshi, H. and Walker, A., *The caring relationship: Elderly people and their families*, Basingstoke, Macmillan Education, 1989.

Ranci, C., *L'assistenza agli anziani in Italia e in Europa: Verso la costruzione di un mercato sociale dei servizi*, Milano, F. Angeli, 2001.

Rostgaard, T., 'Caring for children and older people in Europe - A comparison of European policies and practice', *Policy Studies*, Vol. 23, No.1, 2002.

Rozenkier, A. and Attias-Donfut, C., *Les solidarités entre générations: Viellesse, familles, état*, Paris, Nathan, 1995.

Sevenhuijsen, S. and Švab, A., *Labyrinths of care: The relevance of the ethics of care perspective for social policy*, Ljubljana, Mirovni Inštitut, 2003.

Socci, M., Melchiorre, M.G., Quattrini, S., Lamura, G., 'Elderly care provided by foreign immigrants: Lessons from the Italian case', *Generation Review*, Vol. 13, No. 4, 2003, pp. 9–13.

Törmä, S., Nieminen, J. and Hietikko, M., 'Ikääntyneiden itsenäistä suoriutumista tukevan teknologian arviointi käyttäjänäkökulmasta. Turvahälytysjärjestelmät [Assessment of technology that helps the elderly people's independent living. Security alarm systems]' Tulevaisuusvaliokunta, Teknologian arviointeja, 7, Gerontologia-arvioinnin osaraportti. Eduskunnan kanslian julkaisu, April 2001.

Ungerson, C., *Gender and caring: Work and welfare in Britain and Scandinavia*, London, Harvester Wheatsheaf, 1990.

Ungerson, C., 'Give them the money: Is cash a route to empowerment?', *Social Policy and Administration*, Vol. 31, No. 1, 1997, pp. 45–53.

Ewijk, H., Hens, H. van, Lammersen, G. and Moss, P., *Mapping of care services and the care workforce*, Consolidated report, Care work in Europe, London, Thomas Coram Research Unit, Institute of Education, University of London, 2002.

Walker, A., *Integrating the family into a mixed economy of care*, London, 1995.

Wilensky, H.L., *The welfare state and equality: Structural and ideological roots of public expenditures*, Berkeley and London, University of California Press, 1975.

World Health Organisation, *The world health report 2003: Shaping the future*, Geneva, WHO, 2003.

Yeandle, S., Joseph Rowntree Foundation, *Employed carers and family-friendly employment policies*, Bristol, Policy Press, 2002.

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In the context of an ageing population and increasing demand for care services in the European Union, there is growing concern about the supply of suitably qualified care workers. Low pay, low status, and high rates of turnover and burnout make it difficult to attract workers to the care sector and to keep them in their jobs. This report looks at a range of innovative approaches, in 11 EU Member States and two acceding countries, aimed at increasing the supply of qualified workers who can meet the growing demand for care services. It highlights a number of policy strategies that should be developed to address this issue, such as improving the public image of care work, raising the qualification profile of care workers, increasing salary levels, attracting more qualified migrants to the profession, achieving a better age and gender balance, and improving overall working conditions for care workers. By documenting good practice, it offers a range of practical responses to one of Europe's most pressing dilemmas.

The European Foundation for the Improvement of Living and Working Conditions is a tripartite EU body, whose role is to provide key actors in social policymaking with findings, knowledge and advice drawn from comparative research. The Foundation was established in 1975 by Council Regulation EEC No. 1365/75 of 26 May 1975.

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